



Thank you for choosing us for your wellness needs. You are about to engage in a journey that will provide an opportunity to improve your health. It could even change your life. Every patient is evaluated for their chief complaint based on need and to establish their level of health. Only after careful consideration of the information gathered at your exam, will it be

known if you are a candidate for care. Options for treatment will be discussed at the special report (2<sup>nd</sup>) visit and if necessary, proper referrals will be made. Any questions you have about the nature of your care can be asked during your consultation / exam (1<sup>st</sup>) visit.

## What's different about this care?

Chiropractic is the science, philosophy and art of finding and correcting the subluxation. Since the nervous system is central to the health of the individual, assessing the dysfunction of it first and locating what changes as a result, enables us to navigate the misalignments in the spine from the inside out. Seeking to bring awareness to the system where interference has been ignored, allows a more efficient and even permanent change, causing lasting resolution. It's the why behind the misaligned. (see next page triad of health & video links)

## What I DO:

### -----The Science and Art: -----

- Muscle testing – Strength, Functional Nerve/Reflex
- Chiropractic Adjustments – Instrument/Manual
- Palpation/Range of Motion
- Nutritional/Dietary Counsel
- Emotional Reflex Therapy (ERT/NET)
- Neurological Testing, Therapies & Rehabilitation (QN) including: Hot/Cold, Light, Taping
- Body-Mind/Spirit exploration: may include prayer, emotion, spiritual matters to address physiology

### -----The Philosophy: -----

- We are a spiritual being held in a physical body; where issues of a physical nature may or may not only have a physical correction but also an emotional or spiritual one.
- The body has the ability to heal and is the master at doing so when it communicates in all areas and systems without interruption: body-mind and spirit.
- The practitioner is a **facilitator of healing**, not the healer. We don't **FIX** anything but rather assist the individual to become aware of weaknesses, discover blocks preventing their healing, then facilitate correction.
- Healing takes time. Being patient with your process without forcing it is the preferred and most efficient way to bring change. Forcing issues can actually slow progress in some cases.
- ADIO – we develop and heal from above, down and inside, out.
- With a little guidance and proper information, patients can take responsibility for choosing what's best for their health. Our goal is to empower each to learn awareness of their issues and make their best choice. It is the responsibility of the patient to comply with recommendations to get the best result.

## What I DO NOT:

**Counselor of the mind** – All emotion starts as a physiological response to a stimulus. Although difficult situations may be discussed, it is minimal and only to arrive at an idea that generates physiological response. We do not seek to change behavior. Patients are encouraged to journal for personal benefit and by doing so, may reveal additional patterns where RST/NET will help. When necessary, referrals to proper mental health professionals will be provided.

**Pastor/theologically trained** - Although I am a follower of Jesus Christ, I am not a spiritual advisor or pastor. Any and all experiences shared are from the personal perspective of a Christian world view. I do not hide my beliefs nor seek to convert followers. While I respect those of other faiths, I do not have personal knowledge of those and have no intention to offend when information may conflict.



# Resonate Wellness Chiropractic PATIENT INFORMATION

405 St Hwy 121 Byp Ste A250 :: Lewisville, TX 75067 :: [drparker@drdeniseparker.com](mailto:drparker@drdeniseparker.com) :: 972-951-9355

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Emergency Contact/Relationship/Phone #: \_\_\_\_\_

Do you wish to receive periodic communication promoting events/info from Dr. Parker?    No/Yes - Text/email

Do you have Medicare Part B: No/Yes **(ask for form)**    How did you hear about this clinic: \_\_\_\_\_

Drove by / Website / Online Search / Referral...Who may we thank for referring you? \_\_\_\_\_

SIGN/PRINT/DATE \_\_\_\_\_

Please mark one identifier → I am:  the Patient,  Parent/Guardian of: \_\_\_\_\_

----- For OFFICE USE only – Do not write below this line -----

PLEASE ALSO VISIT [HTTPS://RESONATEWELLNESSCHIRO.COM/RESONATE-ASSESSMENT/](https://resonatewellnesschiro.com/resonate-assessment/) TO FIND 2 ADDITIONAL ASSESSMENTS TO COMPLETE BEFORE YOUR FIRST APPOINTMENT.



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Please circle the appropriate number on all questions below. 0 is least/never - 3 is most/always.

Category I - 30	
Feeling that bowels do not empty completely	0 1 2 3
Lower abdominal pain relieved by passing stool or gas	0 1 2 3
Alternating constipation and diarrhea	0 1 2 3
Diarrhea	0 1 2 3
Constipation	0 1 2 3
Hard, dry, or small stool	0 1 2 3
Coated tongue or "fuzzy" debris on tongue	0 1 2 3
Pass large amount of foul-smelling gas	0 1 2 3
More than 3 bowel movements daily	0 1 2 3
Use laxatives frequently	0 1 2 3
Category II - 18	
Increasing frequency of food reactions	0 1 2 3
Unpredictable food reactions	0 1 2 3
Aches, pains, and swelling throughout the body	0 1 2 3
Unpredictable abdominal swelling	0 1 2 3
Frequent bloating and distention after eating	0 1 2 3
Abdominal intolerance to sugars and starches	0 1 2 3
Category III - 15	
Intolerance to smells	0 1 2 3
Intolerance to jewelry	0 1 2 3
Intolerance to shampoo, lotion, detergents, etc.	0 1 2 3
Multiple smell and chemical sensitivities	0 1 2 3
Constant skin outbreaks	0 1 2 3
Category IV - 18	
Excessive belching, burping, or bloating	0 1 2 3
Gas immediately following a meal	0 1 2 3
Offensive breath	0 1 2 3
Difficult bowel movement	0 1 2 3
Sense of fullness during and after meals	0 1 2 3
Difficulty digesting fruits and vegetables; undigested food found in stools	0 1 2 3
Category V - 21	
Stomach pain, burning, or aching 1-4 hours after eating	0 1 2 3
Use antacids	0 1 2 3
Feel hungry an hour or two after eating	0 1 2 3
Heartburn when lying down or bending forward	0 1 2 3
Temporary relief by using antacids, food, milk, or carbonated beverages	0 1 2 3
Digestive problems subside with rest and relaxation	0 1 2 3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine	0 1 2 3
Category VI - 24	
Roughage and fiber cause constipation	0 1 2 3
Indigestion and fullness last 2-4 hours after eating	0 1 2 3
Pain, tenderness, soreness on left side under rib cage	0 1 2 3
Excessive passage of gas	0 1 2 3
Nausea and/or vomiting	0 1 2 3
Stool undigested, foul smelling, mucous like, greasy, or poorly formed	0 1 2 3

Frequent urination	0 1 2 3
Increased thirst and appetite	0 1 2 3
Category VII - 33	
Greasy or high-fat foods cause distress	0 1 2 3
Lower bowel gas and/or bloating several hours after eating	0 1 2 3
Bitter metallic taste in mouth, especially in the morning	0 1 2 3
Burpy, fishy taste after consuming fish oils	0 1 2 3
Difficulty losing weight	0 1 2 3
Unexplained itchy skin	0 1 2 3
Yellowish cast to eyes	0 1 2 3
Stool color alternates from clay colored to normal brown	0 1 2 3
Reddened skin, especially palms	0 1 2 3
Dry or flaky skin and/or hair	0 1 2 3
History of gallbladder attacks or stones	0 1 2 3
Have you had your gallbladder removed?	No / Yes
Category VIII - 24	
Acne and unhealthy skin	0 1 2 3
Excessive hair loss	0 1 2 3
Overall sense of bloating	0 1 2 3
Bodily swelling for no reason	0 1 2 3
Hormone imbalances	0 1 2 3
Weight gain	0 1 2 3
Poor bowel function	0 1 2 3
Excessively foul-smelling sweat	0 1 2 3
Category IX - 27	
Crave sweets during the day	0 1 2 3
Irritable if meals are missed	0 1 2 3
Depend on coffee to keep going/get started	0 1 2 3
Get light-headed if meals are missed	0 1 2 3
Eating relieves fatigue	0 1 2 3
Feel shaky, jittery, or have tremors	0 1 2 3
Agitated, easily upset, nervous	0 1 2 3
Poor memory/forgetful	0 1 2 3
Blurred vision	0 1 2 3
Category X - 24	
Fatigue after meals	0 1 2 3
Crave sweets during the day	0 1 2 3
Eating sweets does not relieve cravings for sugar	0 1 2 3
Must have sweets after meals	0 1 2 3
Waist girth is equal or larger than hip girth	0 1 2 3
Frequent urination	0 1 2 3
Increased thirst and appetite	0 1 2 3
Difficulty losing weight	0 1 2 3
Category XI - 24	
Cannot stay asleep	0 1 2 3
Crave salt	0 1 2 3
Slow starter in the morning	0 1 2 3
Afternoon fatigue	0 1 2 3
Dizziness when standing up quickly	0 1 2 3

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Afternoon headaches	0 1 2 3
Headaches with exertion or stress	0 1 2 3
Weak nails	0 1 2 3
<b>Category XII - 18</b>	
Cannot fall asleep	0 1 2 3
Perspire easily	0 1 2 3
Under high amount of stress	0 1 2 3
Weight gain when under stress	0 1 2 3
Wake up tired even after 6 or more hours of sleep	0 1 2 3
Excessive perspiration or perspiration with little or no activity	0 1 2 3
<b>Category XIII - 30</b>	
Edema and swelling in ankles and wrists	0 1 2 3
Muscle cramping	0 1 2 3
Poor muscle endurance	0 1 2 3
Frequent urination	0 1 2 3
Frequent thirst	0 1 2 3
Crave salt	0 1 2 3
Abnormal sweating from minimal activity	0 1 2 3
Alteration in bowel regularity	0 1 2 3
Inability to hold breath for long periods	0 1 2 3
Shallow, rapid breathing	0 1 2 3
<b>Category XIV - 36</b>	
Tired/sluggish	0 1 2 3
Feel cold—hands, feet, all over	0 1 2 3
Require excessive amounts of sleep to function properly	0 1 2 3
Increase in weight even with low-calorie diet	0 1 2 3
Gain weight easily	0 1 2 3
Difficult, infrequent bowel movements	0 1 2 3
Depression/lack of motivation	0 1 2 3
Morning headaches that wear off as the day progresses	0 1 2 3
Outer third of eyebrow thins	0 1 2 3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0 1 2 3
Dryness of skin and/or scalp	0 1 2 3
Mental sluggishness	0 1 2 3
<b>Category XV – 21</b>	
Heart palpitations	0 1 2 3
Inward trembling	0 1 2 3
Increased pulse even at rest	0 1 2 3
Nervous and emotional	0 1 2 3
Insomnia	0 1 2 3
Night sweats	0 1 2 3
Difficulty gaining weight	0 1 2 3
<b>Category XVI – 9</b>	
Diminished sex drive	0 1 2 3
Menstrual disorders or lack of menstruation	0 1 2 3
Increased ability to eat sugars without symptoms	0 1 2 3
<b>Category XVII – 9</b>	
Increased sex drive	0 1 2 3

Tolerance to sugars reduced	0 1 2 3
“Splitting” - type headaches	0 1 2 3
<b>Category XVIII (Males Only) - 15</b>	
Urination difficulty or dribbling	0 1 2 3
Frequent urination	0 1 2 3
Pain inside of legs or heels	0 1 2 3
Feeling of incomplete bowel emptying	0 1 2 3
Leg twitching at night	0 1 2 3
<b>Category XIX (Males Only) - 39</b>	
Decreased libido	0 1 2 3
Decreased number of spontaneous morning erections	0 1 2 3
Decreased fullness of erections	0 1 2 3
Difficulty maintaining morning erections	0 1 2 3
Spells of mental fatigue	0 1 2 3
Inability to concentrate	0 1 2 3
Episodes of depression	0 1 2 3
Muscle soreness	0 1 2 3
Decreased physical stamina	0 1 2 3
Unexplained weight gain	0 1 2 3
Increase in fat distribution around chest and hips	0 1 2 3
Sweating attacks	0 1 2 3
More emotional than in the past	0 1 2 3
<b>Category XX (Menstruating Females Only) - 31</b>	
Perimenopausal	No / Yes
Alternating menstrual cycle lengths	No / Yes
Extended menstrual cycle (greater than 32 days)	No / Yes
Shortened menstrual cycle (less than 24 days)	No / Yes
Pain and cramping during periods	0 1 2 3
Scanty blood flow	0 1 2 3
Heavy blood flow	0 1 2 3
Breast pain and swelling during menses	0 1 2 3
Pelvic pain during menses	0 1 2 3
Irritable and depressed during menses	0 1 2 3
Acne	0 1 2 3
Facial hair growth	0 1 2 3
Hair loss/thinning	0 1 2 3
<b>Category XXI (Menopausal Females Only) - 31</b>	
How many years have you been menopausal?	___ yrs
Since menopause, do you ever have uterine bleeding?	No / Yes
Hot flashes	0 1 2 3
Mental fogginess	0 1 2 3
Disinterest in sex	0 1 2 3
Mood swings	0 1 2 3
Depression	0 1 2 3
Painful intercourse	0 1 2 3
Shrinking breasts	0 1 2 3
Facial hair growth	0 1 2 3
Acne	0 1 2 3
Increased vaginal pain, dryness, or itching	0 1 2 3

