Health Evaluation Profile

Name:____ Age:_____ Birth Date:_________________

Address:_____________________________________City_______________ State:______ ZIP: ______________

Phone:_________________________ E-mail (to send results):_______________________________________

Emergency Contact: name____ phone:_________________________

Referred by?____

List any vitamins or other supplements you are currently taking: ________________________________

Check any of your following conditions or medications you are taking:

____ Antacids	____ Cholesterol Meds	____ Oral Contraceptives
____ Antibiotics	____ Heart Medications	____Radiation and/or Chemo
____ Anti-depressants	____ High Blood Pressure Meds	____ Steroids
____ Anti-Inflammatories	____ Hormones	____ Thyroid
____ Blood thinners	____ Laxatives	____ Ulcer Medications
____ Calcium	____ Osteoporosis Meds	____ Vit D

Have you had your gallbladder removed? No____ Yes____

Any other surgeries? ____

Allergies? (food/environmental)____

Any mold exposure in the past?____

Do you have mercury fillings? Yes______ No______

Have you eaten within the past 5 hours? No____ Yes____ What?___________________________________

What is your typical diet? Do you eat Meat/poultry/fish? Yes____ No_____

Breakfast:____

Lunch:____

Dinner:____

Snacks: ____

Cravings: Sweet________ Salty________ BOTH_______ What foods do you crave____________________________

How is your digestion? Burping_____ Bloating_____ Gas______ Diarrhea_______ Constipation_______

Please mention any other digestive concerns____

Please explain reason for seeking help:____

____

This information is provided for nutritional purposes.

Signature:_______________________________________ Date:_______________

DISCLAIMER OF HEALTH CARE RELATED SERVICES

The Counselor encourages the Client to continue to visit and to be treated by his/her healthcare professionals, including, without limitation, a physician. The Client understands that the Counselor is not acting in the capacity of a doctor, licensed dietician-nutritionist, massage therapist, psychologist or other licensed or registered professional. Accordingly, the client understands that the Counselor is not providing health care medical services and will not diagnose, treat or cure in any manner whatsoever any disease, condition or other physical or mental ailment of the human body.

The Client has chosen to work with the Counselor and understands that the information received should not be seen as medical or nursing advice and is certainly not meant to take the place of your seeing licensed health professionals.

PERSONAL RESPONSIBILITY AND RELEASE OF HEALTH CARE RELATED CLAIMS

The Client acknowledges that the Client takes full responsibility for the Client's life and well-being, as well as the lives and well-being of the Client's family and children (where applicable), and all decisions made during and after this program.

The Client expressly assumes the risks of the Program, whether or not such risks were created or exacerbated by the Counselor. The Client releases the Counselor, his/her heirs, executors, administrators and assigns, its officers, directors, shareholders, employees, teachers, lecturers, agents, health counselors and staff (collectively, the Releasees) from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law, admiralty or equity, which against the Releasees, the Client ever had, now has or will have in the future against the Releasees, arising from the Client's past or future participation in, or otherwise with respect to, the Program, unless arising from the gross negligence of the Releasees.

CHOICE OF LAW, ARBITRATION AND LIMITED REMEDIES

This agreement shall be construed according to the laws of the State of [Maryland]. In the event that any provision of this Agreement is deemed unenforceable, the remaining portions of the Agreement shall be severed and remain in full force. In the event a dispute arises between the parties, either arising from this Agreement or otherwise pertaining to the relationship between the parties, the parties will submit to binding arbitration before the American Arbitration Association (Commercial Arbitration and Mediation Center for the Americas Mediation and Arbitration Rules). Any judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Such arbitration shall be conducted by a single arbitrator. The sole remedy that can be awarded to the Client in the event that an award is granted in arbitration is refund of the Program Fee. Without limiting the generality of the foregoing, no award of consequential or other damages, unless specifically set forth herein, may be granted to the Client.

If the terms of this Agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: (1)he/she has received a copy of this letter agreement; (2)he/she has had an opportunity to discuss the contents with the Counselor and, if desired, to have it reviewed by an attorney; and (3) the client understands, accepts and agrees to abide by the terms hereof.

Counselor name .... Signature .... Date ....

Client name .... Signature .... Date ....