PRIVATE LICENSE, INFORMED CONSENT AND RELEASE

The undersigned hereby grants a PRIVATE LICENSE to the Minister Practitioner to engage in spiritual, mental, bioenergetic or nutritional and herbal modalities with the undersigned.

The undersigned acknowledges that the Practitioner does not diagnose or prescribe for medical or psychological conditions nor claim to prevent, mitigate or cure such conditions. The Practitioner does not provide diagnosis, care, treatment or rehabilitation of individuals, nor does the Practitioner apply medical, mental health or human development principles, but ministers to the suffering by prayer, spiritual, or mental means, without the use of any drug material remedy, helping nature to heal-holistic spiritual healing, not medical treatment and provides Ministerial Counseling under the Seal of confidentiality.

The undersigned gives informed consent to the services that will be provided. The undersigned hereby release is the Practitioner (and affiliated organizations, ministers and agents) from all claims and liabilities arising from the use or misuse of spiritual, mental, bioenergetic and/or nutritional and herbal modalities, indemnifying and holding the practitioner harmless from all claims and liabilities there from, whatsoever. The Practitioner reserves All Rights.

Name of Minister:

Date:

Signature of Client:

Name:

Address:

Phone:

Informed Consent and Disclosure Form

Thanks so much for taking the time to read through this form! It is our hope that this form will assist you in understanding the role and responsibilities of the practitioner and of the client as we enter into a healing partnership. Thank you.

The Role of the Herbal Practitioner

The herbalists primary role is as an educator and partner, encouraging and supporting your goals for improved health and well-being. Herbalists neither diagnose not directly treat disease. Rather, the focus is on educating you, the client, on how to best enhance your body's innate healing capacity. The intent is to help you achieve improved health consistent with your own goals. Herbal practice is based on the belief that the human body is a resilient and intelligent system that is in a self-healing and that properly crafted herbal formulas assist and encourage the body and its effort to return to a healthy state. Every person is physiologically, emotionally and energetically unique. Your Practitioner will consider your individual constitution and nature and recommend the most appropriate herbal, dietary and lifestyle changes specifically for you.

A herbal practitioner is not a licensed healthcare provider and is not a substitute for a licensed physician, nor will the herbalist recommend that you discontinue any current medical care. Likewise, a herbal consultation is not a substitute for regular medical care. A herbal practitioner cannot diagnose or treat disease or prescribe drugs. A herbal practitioner can provide guidance and information so that the client can promote their own health and well-being.

Client Rights and Responsibilities

Clients are voluntarily consenting to herbal consultations and free to disregard any recommendations and free to discontinue services at any time. All meetings with the herbalist are solely on the client's own behalf and not as an agent of federal, state or local government agencies on a mission of entrapment of investigation.

All information pertaining to clients is strictly confidential. If desired, the client can sign a form of releasing information to other practitioners.

It is the client's responsibility to inform the practitioner about as many aspects of their health as they feel comfortable sharing. As the partnership progresses, it is the client's responsibility to inform the practitioner of any changes that occur. If any pain, discomfort, or other adverse effects occur of the client will immediately notify the practitioner and their other healthcare providers, as applicable.

Payment, when applicable, is due at the time of services rendered. It is asked that you give at least 24 hours notice if you need to cancel an appointment. You may purchase herbs and herbal products from your Practitioner, however you are not obligated to do so and may purchase your herbs wherever you wish.

Everyone, regardless of race, color, religious or spiritual belief, cultural background, sexual orientation, gender identification or available economic resources are welcome and encouraged to receive services. Clients can, and should, expect a respectful, courteous, and caring experience. Any feedback you may have regarding any and all aspects of your experience is welcomed.

Side Effects, Toxicity, and Herb-drug Interactions

Historical evidence and modern research indicates that the most commonly used herbs have an exceptional safety record. Similarly, confirmed cases of herb and drug interactions are rare. However, adverse events can occur after using any active substance. The Herbalist will not suggest that clients ingest plant doses known to have toxic effects. The organs that are most vulnerable to any potent substances are the liver and kidneys, and it is important for you to divulge any previous history of disease in either of these organs so that your Practitioner can provide you with information suitable to your circumstances. Herbs also should not be used in pregnancy or lactation without expert advice, and if you become pregnant you should stop taking herbs until advice as received either from your herbalist or another knowledgeable professional.

It is also your responsibility to fully disclose any medications currently in use, including other Herbs & supplements, so that you can be offered informed advice. It is also recommended that you inform your doctor of all herbal and nutritional supplements you are taking. Any suggestions that the effect of a drug is being altered by simultaneous use of an herb should be reported directly to all health professionals involved. It is also advisable to stop taking herbs at least 48 hours before surgical operation, and in the event of being prescribed anticoagulants, antiepileptic drugs, and digoxin.

Acknowledgement

I,_____ have read this document in its entirety and confirm that I understand and agree with its contents.

Client Signature: _____ Date:_____

Practitioner Signature:_____ Date:_____

Personal Health Evaluation

Note: Information provided on this forms will be held in strict confidence.

I. Personal Information

Name_____

Age _____ Sex _____ Height_____Weight _____ Eye Color _____

Phone Number or Skype Number you wish to be contacted at_____

II. Diet, Nutrition and General Health Practices

a. On average, how many servings do you have per day of the following.

Food (serving size)	Servings	Food (serving size)	Servings
Fresh Fruits (1/2 cup servings)		White Bread (1 slice)	
Fresh Vegetables (1/2 cup servings)		Refined Sugar (1 teaspoon)	
Green Leafy Vegetables (1/2 cup servings)		Cookies, cakes, pastries	
Fresh or Frozen Fish (3-4 ounces)		Alcohol (1 oz.)	
Poultry (Chicken or Turkey) (3-4 oz.)		Coffee (1 cup)	
Red Meat (3-4 oz.)		Soda Pop (8 oz.)	
Seafood (Shrimp, Crab, etc.) (3-4 oz.)		Artificial Sweeteners	
Milk (1 cup)		Soymilk or other milk substitute (1 cup)	
Butter (1 oz.)		Margarine (1 oz.)	

b. How much water do you drink each day? _____ cups.
What kind of water do you drink?

a. How much sleep do you get each night on the average? _____ hours.
How do you sleep?

b. How often do you exercise? _____ hours per _____ .
What do you do for exercise?

c. What is your energy level like?

d. How often do your bowels eliminate?

e. Are you pregnant or nursing a baby?

e. Do you feel like you are under stress? If so, explain.

f. What nutritional supplements are you currently taking (attach separate sheet if necessary)?

g. What are current health concerns are you seeking help for (attach separate sheet if necessary)?

h. What medications, medical procedures, supplements or therapies have you previously tried for your condition (attach separate sheet if necessary)? Were any of these supplements or therapies helpful? If so, please note which ones were helpful.

III. Medical Information

a. Are you under a medical doctor's care for your condition? _____
If so, what are you being treated for?

b. Are you currently taking any prescription or over-the-counter drugs?
If so, please list each drug and what it is for.

c. Have you been diagnosed by a licensed physician with any of the following? Check all that apply.

- ❑ AIDS
- ❑ Angina
- ❑ Arthritis (Rheumatoid)
- ❑ Arthritis (Osteo)
- ❑ Arrhythmia (irregular heart beat)
- ❑ Asthma
- ❑ Attention Deficiet Disorder (ADD/ADHD)
- ❑ Autoimmune Disorders, Specify:

- ❑ AIDS
- ❑ Angina
- ❑ Arthritis (Rheumatoid)
- ❑ Arthritis (Osteo)
- ❑ Arrhythmia (irregular heart beat)
- ❑ Asthma
- ❑ Attention Deficiet Disorder (ADD/ADHD)
- ❑ Autoimmune Disorders, Specify:
- ❑ Benign Prostatic Hyperplasia (BPH)
- ❑ Bipolar Mood Disorder (Manic Depressive Disorder)
- ❑ Bleeding Disorders
- ❑ Cancer, Specify type:
- ❑ Cardiac Arrest (Heart Attack)
- ❑ Celiac Disease
- ❑ Chronic Obstructive Pulmonary Disorder (COPD)
- ❑ Cirrhosis of the Liver
- ❑ Colitis
- ❑ Congestive Heart Failure
- ❑ Depression
- ❑ Diabetes
- ❑ Eczema
- ❑ Endometriosis
- ❑ Epilepsy
- ❑ Fatty Liver Disease
- ❑ Fibromyalgia
- ❑ Graves Disease (Hyperthyroid)
- ❑ Hahsimoto's Disease (Thyroiditis)
- ❑ Hepatitis
- ❑ High Blood Pressure (Hypertension)
- ❑ Irritable Bowel Disorder (Crohn's or Colitis)
- ❑ Kidney Stones
- ❑ Low Thyroid (Hypothyroid)
- ❑ Lupus
- ❑ Multiple Sclerosis
- ❑ Obsessive-Compulsive Disorder
- ❑ Osteoporosis
- ❑ Psoriasis
- ❑ Ulcers

Other, specify:

IV. Specific Symptoms

a. Check any of the following emotions you find it difficult to deal with, either in yourself or others.

Emotion	Problem with Self	Problem with Others	Explain
Anger			
Irritability			
Frustration			
Anxiety			
Fear			
Sadness			
Depression			
Excitement			
Laughter			
Lack of enthusiasm			
Lack of joy			
Worry			

b. Digestive, Liver and Intestinal Symptoms. Check all that apply.

- ❑ Abdominal pain or discomfort
- ❑ Acid indigestion, heartburn or acid reflux
- ❑ Bad breath
- ❑ Bloating, belching or intestinal gas
- ❑ Constipation (bowel movements less than once per day)
- ❑ Cravings for sugary foods
- ❑ Diarrhea or loose stools:
- ❑ Food allergies, specify foods that give you problems:
- ❑ Food sits heavy on stomach after meals
- ❑ Groggy feelings in the morning
- ❑ Hard, dry stools
- ❑ Hemorrhoids or anal fistula
- ❑ Loss of appetite or poor appetite
- ❑ Loss of smell or taste
- ❑ ensation of lump in throat
- ❑ Stomachache
- ❑ Under weight or unable to gain weight

c. Respiratory System Symptoms. Check all that apply.

- ❑ Chronic or frequent cough
- ❑ Cold sores
- ❑ Excess mucus production
- ❑ Frequent infections
- ❑ Hayfever and respiratory allergies
- ❑ Itchy nose or ears
- ❑ Post nasal drip
- ❑ Sinus headaches
- ❑ Sinusitis or chronic sinus congestion
- ❑ Wheezing or shortness of breath

d. Circulatory System Symptoms. Check all that apply.

- ❑ Anemia
- ❑ Chest pain
- ❑ Cold hands and feet
- ❑ Family history of heart disease
- ❑ Gingivitis or gum disease
- ❑ Heart palpitations
- ❑ High blood pressure, specify blood pressure numbers:
- ❑ High cholesterol, specify:
- ❑ High triglycerides, specify:
- ❑ Irregular heart beat, arrhythmia
- ❑ Rapid heart beat
- ❑ Swelling in lower extremeties
- ❑ Varicose veins or spider veins
- ❑ Wounds that won't heal in the extremities

e. Urinary and Fluid System Symptoms. Check all that apply.

- ❑ Bladder infections
- ❑ Blood in the urine
- ❑ Burning or painful urination
- ❑ Difficulty starting urination
- ❑ Excessive perspiration
- ❑ Frequent pale urine
- ❑ Frequent urination
- ❑ History of kidney stones
- ❑ Night sweats
- ❑ Pain in the mid to low back
- ❑ Puffiness under eyes
- ❑ Scant, dark urine
- ❑ Urinary incontinence (dribbling)
- ❑ Urinary tract infections (UTIs)
- ❑ Water retention or edema
- ❑ Swollen lymph nodes

f. Glandular System Symptoms. Check all that apply.

- ❑ Burning sensations in hands and feet
- ❑ Cold hands and feet
- ❑ Dark circles under eyes
- ❑ Dry skin
- ❑ Excess weight
- ❑ Excess weight around the abdomen
- ❑ Fatigue in the afternoons
- ❑ Fatigue, chronic or excessive
- ❑ Feeling chronically stressed
- ❑ Feeling exhausted, "burned-out"
- ❑ Frequent thirst
- ❑ Hair loss or thinning
- ❑ Lack of stamina
- ❑ Loss of short-term memory
- ❑ Low body temperature, easily chilled
- ❑ Mental sluggishness, "brain fog"
- ❑ Mood swings
- ❑ Muddled thinking, confusion
- ❑ Restless disturbed sleep
- ❑ Restless dreams or nightmares
- ❑ Waking up at night unable to go back to sleep
- ❑ Waking up frequently at night

Males Only

- ❑ Difficulty urination
- ❑ Erectile dysfunction
- ❑ Infertility
- ❑ Lack of sex drive
- ❑ Loss of self-confidence and drive
- ❑ Nighttime urination
- ❑ Prostate problems
- ❑ Urinating at night

Females Only

- ❑ Cravings for chocolate with periods
- ❑ Depression with periods
- ❑ Edema or bloating associated with periods
- ❑ Heavy menstrual bleeding
- ❑ Hot flashes and/or night sweats
- ❑ Infertility
- ❑ Irritability with periods
- ❑ Lack of sexual desire
- ❑ Menstrual cramps
- ❑ Nursing (currently)
- ❑ Painful menstruation
- ❑ PMS
- ❑ Post-menopausal
- ❑ Pregnant (currently)
- ❑ Vaginal discharge
- ❑ Vaginal dryness

g. Nervous System Symptoms. Check all that apply.

- ❑ Absent-mindedness
- ❑ Alcoholism
- ❑ Anxiety, nervousness
- ❑ Chronic muscle tension
- ❑ Difficulty getting to sleep
- ❑ Dizziness or light headedness.
- ❑ Excitability, difficulty relaxing
- ❑ Feeling depressed or discouraged
- ❑ Headaches
  - ❑ Tension headaches with tight, constricted feeling
  - ❑ Pounding headaches (like head is exploding
  - ❑ Headaches around eyes or forehead
  - ❑ Migraines
- ❑ Loss of memory
- ❑ Panic attacks
- ❑ Peripheral neuropathy
- ❑ Poor concentration
- ❑ Shaky hands

h. Structural System Symptoms. Check all that apply.

- ❑ Acne
- ❑ Arthritis
- ❑ Back pain
- ❑ Brittle fingernails
- ❑ Eczema
- ❑ Gout
- ❑ Itching, skin
- ❑ Joint pain
- ❑ Leg cramps or pains
- ❑ Multiple root canals
- ❑ Muscle cramps
- ❑ Neck pain
- ❑ Osteoprosis
- ❑ Rashes
- ❑ Rosacea
- ❑ Stiff, aching or painful muscles
- ❑ Teeth grinding
- ❑ Tense muscles
- ❑ Weak legs, knees or ankles

i. Add any additional information you feel may be helpful in evaluating your situation.