

Informed Consent Statement

1. I understand that **Vera Jacobs** is a Trained Natural Health Professional and her studies have included body systems, Herbs, Natural Nutrition, Iridology, Sclerology, Emotional Therapy, Reflexology.

As a Trained Natural Health Professional she teaches about natural health maintenance giving clients consultations pertaining to the natural means by which they can have a healthier lifestyle. She deals strictly in helping people to improve their general health and fitness through better nutrition; improved lifestyle and health habits; and positive mental attitudes.

2. I understand that **Vera Jacobs** is **NOT a Medical Doctor** and cannot legally diagnose diseases, prescribe drugs or recommend treatments for specific disease conditions and that he/she will not perform any functions of a licenses field.
3. I understand that all evaluations performed by **Vera Jacobs**, are designed to evaluate my inherent constitution for the sole purpose of helping me to improve my general health through nutrition, habits and attitudes. I further understand that said evaluations cannot determine specific disease conditions I may have and do not replace the diagnostic services offered by medical doctors.
4. I understand that **Vera Jacobs**, neither claims nor implies that any instruction, advice, counsel, suggestions, recommendations, services or products she provides, whether in person or by mail or by telephone, will cure, treat, prevent or mitigate any disease condition; but are provided solely for the purpose of supporting the natural function of body systems and otherwise improving general health and fitness.
5. I certify that **Vera Jacobs**, has not suggested that I cease any medical care I may be currently undertaking. I understand that the decision I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold **Vera Jacobs**, or anyone connected with Nature's Sunshine Products responsible for the consequences of my own decisions.
6. I understand that any and all pictures, as well as the negatives of all pictures, taken of my body or iris are the legal property of the person who takes such pictures.
7. I certify that I am here on this and on any subsequent visit or contact, whether by mail, telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county or local government or private agency on a mission of investigation.
8. I understand that Reflexology helps to restore balance, but does not cure diseases or illness.
9. I agree to have Vera's assistant to view Vera's findings from my sclerology, iridology and reflexology assessment and send my report to me thru email. Client information will be kept confidential and private at all times.
10. I have read and fully understand the foregoing and agree to the terms and conditions set therein. I have received a copy of this agreement.

Client Signature: _____ Date: _____

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Individual Health Information Sheet

Name: _____ Day Phone: _____
Address: _____ Night Phone: _____
City: _____ Cell Phone: _____
State/Zip Code: _____ Email: _____

Relief from what top 3 symptoms (see back page): _____

Life goals: _____

How much sweaty activity weekly? _____ What type of activity? _____
How many ounces of water do you drink daily? _____ What type? RO Tap Spring Distilled
Which meals daily eaten? Breakfast Lunch Dinner How many eliminations per day? _____
How many digestive enzymes daily? _____ How many breathing exercises daily? _____
How much of the following do you consume? (1 = Once a day, 2 = Once a week, 3 = 2-3 times a month)

Soda pop _____	Coffee _____	Smoking _____	Alcoholic Beverage _____
Fast Food _____	Milk _____	White Flour _____	Sugar usage _____
Raw fruit _____	Meat _____	Raw Veggies _____	Whole Grains _____

Circle the types of food you crave: Salty ---- Chocolate ----- Sweets ---- Breads ----- Other: _____

What are your favorite foods? _____

1 to 10, 10 being the highest level of energy, how much daily energy do you have? _____

What surgeries have you had and when? None _____

How many hours of TV do you watch: Daily _____ Weekly _____

How many hours a week do you spend with family/friends? _____

How many hours of sleep do you get each night? _____ How many hours do you need? _____

What kind of prescription medication do you take? NONE _____

Would you like to receive our natural health newsletter? YES or NO

Who referred you for your appointment today? _____

I understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health.

I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural heal and do not involve the diagnosing, treatment, or prescribing of remedies for disease.

Signature: _____ Date: _____

Client Information and Statement

Name: _____

Address: _____

City & State: _____

Zip Code: _____ Phone: (____) _____

Email Address: _____

Health Information

1. Occupation: _____
2. Are you allergic to any food or medication: _____
3. Are you pregnant? _____ Yes _____ No... If so, how many months: _____
4. Are you under a lot of STRESS? _____
5. What conditions are you presently under a physician's care for: _____
6. Please list any medications you are taking: _____
7. Please tell us how you learned about my service:
_____ Friend _____ Family Member _____ Advertisement _____ Other
8. Do you have any particular health issues or concerns that you would like assistance with at this time?
9. Have you ever had or been diagnosed as having problems with any of the following:

_____ Anemia	_____ Digestion	_____ Hypoglycemia	_____ Colon
_____ Diabetes	_____ Circulation	_____ PMS	_____ Bladder
_____ Prostate	_____ Heart	_____ Ovaries	_____ Spine/Back
_____ Thyroid	_____ Kidneys	_____ Asthma	_____ Weight
_____ Skin	_____ Lungs	_____ Hemorrhoids	_____ Pancreas
_____ Tumors	_____ Liver	_____ Throat	_____ Edema
_____ Spleen	_____ Fainting	_____ Epilepsy	_____ High Blood Pressure
_____ Arthritis	_____ Bleeding	_____ Constipation	_____ Hay Fever
_____ Cancer	_____ Alzheimer's	_____ Gall Bladder	_____ Parasites
_____ Ulcers	_____ Nerves	_____ Breast	_____ Stomach