

## *Harmony & Health Natural Health Center*

### Instructions:

1. Read this *Disclosure Statement and the Informed Consent Statement*.
2. If you agree to the terms in the Informed Consent Statement and wish to continue consultation with LaDonna, sign the Informed Consent Statement.
3. Then, fill in the information on the *Personal Health Profile*.
  - \*Filling out the *Personal Health Evaluation* form is not required, but highly recommended to make the best use of your time with LaDonna.
  - \* Signing and returning the *Informed Consent Statement* is required for all consults.
4. Read & review the material in this folder prior to your follow-up appointment.
5. Bring this folder with you to all appointments in the future so we can track progress
6. Always call with questions, do not feel like you need to wait to be seen.

### Disclosure Statement:

LaDonna and associate's goals are to improve health naturally by cleansing and strengthening the body, reducing stresses, and following many natural health modalities to work with the body, but not to treat diseases. Diseases are often names we put on conditions, but not necessarily where our focus should be. I believe a strong, healthy body will be more resistant to "diseases" of many types and should be our true goal. If we only treat symptoms, then the cause is not resolved and your condition can worsen. Therefore, you may want to support the body to reduce symptoms, but continue to pursue health to the point of resolving the causes. It is highly unlikely that everything occurred at once, considering most health issues develop over years, so it takes time to feed and help the body repair. Do not try to do everything at once. Be patient with your process. Call when questions arise. We will offer ideas of steps you can take, but the decisions will be ultimately up to you. Only you can decide what you can afford, what matters to you, what you are committed to. We are here to help you to the best of our abilities.

LaDonna has studied health for over 25+ years. She is a Board Certified Naturopathic Doctor by the ANMCB, American Naturopathic Medical Certification Board. She is not a medical doctor nor does she portray herself as one. LaDonna is a Register Pharmacist, graduating from Purdue University. She has attended numerous seminars & classes to further her knowledge, and has devoted her career to continuing her education. Her knowledge in herbs, nutrition, and iridology comes from a variety of teachers and sources, including studies with Dr. Bernard Jensen, David Pesek, Dr. Gene Watkins, Micki Jones, Rueben Schwartz, Frank Miesse, Harry Wolfe, Steven Horne and many others. As an iridologist, LaDonna completed the International Iridology Practitioner's Association's (IIPA) Training Program and coursework with Dr. Jensen.

**\*\* I was referred by :** \_\_\_\_\_

# Personal Health Profile

Date \_\_\_\_\_

*Iridology is a science. It is a way to evaluate the nerve endings in the iris to determine strengths, weakness, areas of congestion and stress, among other things. It is not meant to be used for diagnosis, rather it is one tool to evaluate what is happening in your body. You will get the most from your appointment by being open and completing this form, so we can use your time to focus on your greatest needs.*

## I. Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

*You will about 1 emails per week with encouragement, natural news, & notices of upcoming classes.*

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Male \_\_\_\_\_ Female \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Spouse's name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Smoker \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type (if known) \_\_\_\_\_

Is this your first visit? Yes \_\_\_\_\_ No \_\_\_\_\_ (date of last visit: \_\_\_\_\_)

Are you currently under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

## II. Diet, Nutrition and General Health Practices

How often do you consume the following?

1 = Very Frequently    2 = Often    3 = Rarely    4 = Never

Refined Sugar

Dairy Products

Fresh Fruits

White Flour

Pork/Shellfish

Vegetables

Alcohol

Green Salads

Caffeine Drinks

Fried Foods

Whole Grains

Artificial Sweeteners

How much water do you drink each day? \_\_\_\_\_ ounces or \_\_\_\_\_ cups/ per day

What other beverages do you drink? About how much daily? \_\_\_\_\_

How much sleep do you get each night on the average? \_\_\_\_\_ hours.

How well do you sleep?

How times per week do you exercise? \_\_\_\_\_

What do you do for exercise? How much / How often?

\_\_\_\_\_

What is your energy level like? \_\_\_\_\_

How often do your bowels eliminate? \_\_\_\_\_ times per \_\_\_\_\_

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

List any "Diseases" you suspect you have had or that your physician has diagnosed: \_\_\_\_\_

\_\_\_\_\_

List any serious illnesses or surgeries you have had in the past. \_\_\_\_\_

\_\_\_\_\_

**Current Medications:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

**Current Supplements:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_

What medications, procedures, supplements or therapies have you previously tried for your condition? \_\_\_\_\_

\_\_\_\_\_

Were any of these supplements or therapies helpful? \_\_\_\_\_

If so, please note which ones were helpful. \_\_\_\_\_

What are your **Current health concerns**?

\_\_\_\_\_

If you were to focus on 1 or 2 primary concern, what would they be?

\_\_\_\_\_

Additional comments or helpful information, if any:

\_\_\_\_\_

\_\_\_\_\_

Please read the following and sign: **Informed Consent Statement**

I, \_\_\_\_\_, hereby attest and agree to the following:

1. I fully understand that LaDonna K. Frantz is a lay natural health ADVISOR and TEACHER who 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 fully understand that LaDonna K. Frantz is NOT a licensed physician and cannot diagnose diseases, prescribe drugs or recommend treatments for specific disease conditions. I am here, on this and any following visits, solely on my own behalf, and not as an agent for any federal, state, or local agencies, or pharmaceutical boards, or companies on a mission of entrapment of investigation.

3. I understand that all evaluations performed by LaDonna K. Frantz or her representatives are designed to evaluate my inherent constitution and temperament for the sole purpose of helping me to improve my general health. I hereby authorize LaDonna Frantz or her representatives to act in my behalf concerning the natural health analysis procedure and evaluation, and develop for me a suggested nutritional health program. I warrant that all the information was submitted by me, and it is true to the best of my knowledge and belief. I am also aware I am under no obligation to follow the nutritional program and not required to purchase any products. I further understand that said evaluations cannot determine specific disease conditions I may have and do not replace the diagnostic services offered by licensed physicians.

4. I understand that LaDonna K. Frantz neither claims nor implies that any instruction, advice, counsel, recommendations, services, suggested natural health programs or products she or her representatives provide, whether in person, by mail, or by phone, will cure, treat, prevent or mitigate any disease condition or illness of any kind in any way; but are provided solely for the purpose of increasing energy, supporting the natural function of body systems and otherwise improving general health and fitness.

5. I understand that LaDonna K. Frantz or her representatives will not suggest that I cease any medical care I may be currently undertaking, be it drug therapy, X-rays, chemotherapy, surgery, or any other medical procedure that my doctor deems necessary to my health. I understand that the decisions 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 LaDonna K. Frantz or her representatives responsible for the consequences of my decisions.

6. I understand that LaDonna K. Frantz believes that genuine healing comes from God and that God has provided natural methods such as rest, nutrition, herbs, exercise, attitude changes and touch to help people recover and maintain their health. I further understand that LaDonna K. Frantz shares these methods with others as part of her God-given and constitutional rights of freedom of speech and freedom of religion. I understand that it is my constitutional right to decide how I wish to care for the health of my body.

7. I have received a copy of LaDonna K. Frantz Disclosure Statement and have reviewed her training and experience to my satisfaction.

With this understanding, I desire to consult with her on my health needs. I understand that should I be dissatisfied with her services that I can stop at any time.

I have read and understand the foregoing and agree to the terms and conditions set therein.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

Client Signature \_\_\_\_\_