



A Garden for Wellness  
Deana Brooksher, DC  
(706) 754 – 8899

## Comprehensive Health Profile

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How did you discover our office? \_\_\_\_\_

Please complete this general health history. It will provide your practitioner with important information that will enable her to better understand your history and long-term needs as well as any health-related quality of life issues you may be experiencing.

### **Part I: Your health concerns, symptoms, and how they influence your life.**

1: Do you have a current health/ life situation or concern? If so, please describe it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2: When did this concern begin? \_\_\_\_\_

3: Have you done anything about this concern or been given any treatment or advice for it?

\_\_\_\_\_ If yes, what was suggested? \_\_\_\_\_

4: What was done? \_\_\_\_\_

5: Did it seem to work? \_\_\_\_\_

6: What was different after your treatment? \_\_\_\_\_

7: What was different about your concern after the treatment? \_\_\_\_\_

8: Have your concerns changed since treatment? \_\_\_\_\_

9: Please rate the level this health concern effects these areas of your functioning/ quality of life.

0: It does not affect me 1: Slightly 2: Moderately 3: Quite a bit

Work: 0 1 2 3	Recreation: 0 1 2 3	Rest/Sleep: 0 1 2 3	Social Life: 0 1 2 3
Walking: 0 1 2 3	Sitting: 0 1 2 3	Exercise: 0 1 2 3	Eating: 0 1 2 3
Love Life: 0 1 2 3	Concern about symptom: 0 1 2 3	Concern over health: 0 1 2 3	

10: Have any other family members had the same of similar concerns?

11: What did they do about them? \_\_\_\_\_

12: How aware of this concern are you: During the day? 0 1 2 3 During the night? 0 1 2 3

13: Is there any activity during which you totally or almost totally forget about this concern?

14: Is there any time during the day during which you are more / less aware of this concern?

15: Why do you think this has happened or continues to happen?

16: Do you think this is the sole cause? Yes No

17: If no, what else is involved? \_\_\_\_\_

18: If this condition or symptom were to go away tomorrow, what would be different about your life? \_\_\_\_\_

19: Are you doing anything different because of this concern?

20: Since the development of this concern:

Have you changed any habits? \_\_\_\_\_

Held or touched your body more often or differently? \_\_\_\_\_

Moaned, cried, or made sounds you do not usually make? \_\_\_\_\_

21: Which best describes your current feelings about yourself and your concern?

1: I feel helpless, like little or nothing works.

2: This is terrible, really bad, and I am scared and hope you can help me.

3: I feel stuck and can't help myself right now.

4: I deserve more than what I have been experiencing and would like you to assist me in healing.

5: Anything else? \_\_\_\_\_

22: Please grade using the following scale: 0: Not at all 1: Slight 2: Moderate 3: Extreme

How inconvenient is your concern? 0 1 2 3

How inconvenient was it in the past? 0 1 2 3

## Part II: Health, Trauma, Medical, Chiropractic, and Healing History

1: Have you ever injured your spine? (Head, Neck, Back, Hips)

Date of most significant injury: \_\_\_\_\_

What happened? \_\_\_\_\_

Date of most recent injury: \_\_\_\_\_

What happened? \_\_\_\_\_

2: Please list medications (prescription or over the counter) taken in the past 30 days.

\_\_\_\_\_

\_\_\_\_\_

3: In the past, have you taken other medications for a period of more than 3 consecutive months?

What did you take? \_\_\_\_\_

What was the reason for taking this medication? \_\_\_\_\_

4: Have you had any spinal X-rays, CT scans, or MRIs of your spine, head, neck, back, or hips?

When? \_\_\_\_\_

What were you told? \_\_\_\_\_

Do you have them? \_\_\_\_\_

5: Have you had any surgeries? If yes, please list them.

\_\_\_\_\_

6: Have you broken any bones or significantly sprained any part of your body?

\_\_\_\_\_

7: Please list any herbs, nutritional supplements, or other natural remedies you take regularly.

\_\_\_\_\_

8: Have you consulted a physician or any other health care provider in the past 3 months?

\_\_\_\_\_

9: Has your spine ever been professionally adjusted, manipulated, or entrained? \_\_\_\_\_

By whom? \_\_\_\_\_

When? \_\_\_\_\_

Why did you go? \_\_\_\_\_

What did they do for you? \_\_\_\_\_

Were you happy with the treatment? \_\_\_\_\_

Have you ever received Network Spinal Analysis care? \_\_\_\_\_

Has anyone in your family received Network care? \_\_\_\_\_



#### Part IV: Your specific needs and hopes for help in this office

In a published study of over 2,800 in Network Care (Medical College of UC-Irvine) patients reported an overall improvement in all the categories of health and wellness listed below. In questions 1 & 2, please rate the choices using this scale:

0: Not Important      1: Somewhat Important      2: Very Important

1: How do you hope to benefit from care in this office?

- Improvement of my physical symptoms \_\_\_\_\_
- Improvement of my emotional/ mental symptoms \_\_\_\_\_
- Improvement of my ability to react/ respond to stress \_\_\_\_\_
- Improvement in enjoyment of life and the ability to make constructive choices \_\_\_\_\_
- Overall improvement in quality of life \_\_\_\_\_

2: For a slightly longer-term goal, how do you hope to benefit from care in this office?

- Improvement of my physical symptoms \_\_\_\_\_
- Improvement of my emotional/ mental symptoms \_\_\_\_\_
- Improvement of my ability to react/ respond to stress \_\_\_\_\_
- Improvement in enjoyment of life and the ability to make constructive choices \_\_\_\_\_

3: Is there some aspect of your life that very much pleases you, brings you joy, or helps you feel better about yourself? \_\_\_\_\_

4: Are there any particular factors or elements about your life experiences, family, work recreation, past injuries, genetics, dietary programs, exercise, outlook, etc. that you feel impairs your opportunity for full glowing health?  
\_\_\_\_\_

5: Are there any particular factors or elements about your life experiences, family, work, recreation, past injuries, genetics, dietary programs, exercise, outlook, etc. that you feel gives you an edge or adds to your health?  
\_\_\_\_\_

Your answers to the following questions will help us better assist you to participate in a program of care specifically focused on your spine, your nervous system, your health, and wellness.

6: When communicating to you about your spine, nervous systems, health, and wellness, please check (✓) your preference.

- Mostly speak with me about the clinical findings. Tell me about the changes I'm making \_\_\_\_\_
- Mostly show me in written form about clinical findings. Let me see the changes I'm making \_\_\_\_\_
- Mostly let me get a sense of the clinical work. Help me to feel a difference in my body \_\_\_\_\_

7: Is there anything else which may help us better understand you, your history, or your professional needs which have not been addressed on this survey?

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8: What would motivate you to communicate to others about the care you receive in this office and to encourage others to seek care?

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## Health, Wellness, and Quality of Life Questionnaire

Answer each of the questions below by putting a circle around the number that **best** represents you at this time. Use the following scale for Parts I, and II.

1: Never      2: Rarely      3: Occasionally      4: Regularly      5: Constantly

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

### Part I: Physical State

Rate the following questions with respect to frequency:

1: Presence of physical pain (neck/ back ache, sore arms/ legs, etc.).	1 2 3 4 5
2: Feeling of tension or stiffness or lack of flexibility in your spine.	1 2 3 4 5
3: Incidence of fatigue or low energy.	1 2 3 4 5
4: Incidence of colds and flu.	1 2 3 4 5
5: Incidence of headaches (of any kind).	1 2 3 4 5
6: Incidence of nausea or constipation.	1 2 3 4 5
7: Incidence of menstrual discomfort.	1 2 3 4 5
8: Incidence of allergies or skin rashes.	1 2 3 4 5
9: Incidence of dizziness or light-headedness.	1 2 3 4 5
10: Incidence of accidents or near accidents or falling or tripping.	1 2 3 4 5

### Part II: Mental/ Emotional State

Rate the following questions with respect to frequency:

1: If pain is present, how distressed are you about it?	1 2 3 4 5
2: Presence of negative or critical feelings about yourself.	1 2 3 4 5
3: Experience of moodiness or temper or angry outbursts.	1 2 3 4 5
4: Experience of depression or lack of interest.	1 2 3 4 5
5: Being overly worried about small things.	1 2 3 4 5
6: Difficulty thinking or concentrating or indecisiveness.	1 2 3 4 5
7: Experience of vague fears or anxiety.	1 2 3 4 5
8: Being fidgety or restless; difficulty sitting still.	1 2 3 4 5
9: Difficulty falling or staying asleep.	1 2 3 4 5
10: Experience of recurring thoughts or dreams.	1 2 3 4 5



### Part III: Stress Evaluation

Using the following scale, evaluate your stress relative to the following:

1: None      2: Slight      3: Moderate      4: Pronounced      5: Extensive

1: Family.	1	2	3	4	5
2: Significant Relationship.	1	2	3	4	5
3: Health.	1	2	3	4	5
4: Finances.	1	2	3	4	5
5: Sex Life.	1	2	3	4	5
6: Work.	1	2	3	4	5
7: School.	1	2	3	4	5
8: General Well-Being.	1	2	3	4	5
9: Emotional Well-Being.	1	2	3	4	5
10: Coping with Daily Problems	1	2	3	4	5

### Part IV: Life Enjoyment

Using the following scale, rate the following:

1: Not at all      2: Slight      3: Moderate      4: Considerable      5: Extensive

1: Openness to guidance to your "inner voice/ feelings."	1	2	3	4	5
2: Experience of relaxation, ease, or well-being.	1	2	3	4	5
3: Presence of positive feelings about yourself.	1	2	3	4	5
4: Interest in maintaining a healthy lifestyle (e.g., diet, fitness, etc.).	1	2	3	4	5
5: Feeling of being open and aware/ connected when relating to others.	1	2	3	4	5
6: Level of confidence in your ability to deal with adversity.	1	2	3	4	5
7: Level of compassion for, and acceptance of, others.	1	2	3	4	5
8: Satisfaction with the level of recreation in your life.	1	2	3	4	5
9: Incidence of feelings of joy or happiness.	1	2	3	4	5
10: Level of satisfaction with your sex life.	1	2	3	4	5
11: Time devoted to things you enjoy.	1	2	3	4	5

### Part V: Overall Quality of Life

Using the following scale, evaluate your feelings relative to the quality of life:

1: Terrible      2: Unhappy      3: Mostly Dissatisfied      4: Mixed      5: Mostly Satisfied  
6: Pleased      7: Delighted

1: Your personal life.	1	2	3	4	5	6	7
2: Your wife/ husband or "significant other."	1	2	3	4	5	6	7



3: Your romantic life.	1 2 3 4 5 6 7
4: Your job.	1 2 3 4 5 6 7
5: Your co-workers.	1 2 3 4 5 6 7
6: The actual work you do.	1 2 3 4 5 6 7
7: The handling of problems in your life.	1 2 3 4 5 6 7
8: What you are actually accomplishing in your life.	1 2 3 4 5 6 7
9: Your physical appearance – the way you look to others.	1 2 3 4 5 6 7
10: Your self.	1 2 3 4 5 6 7
11: Your ability to adjust to change in your life.	1 2 3 4 5 6 7
12: Your life as a whole.	1 2 3 4 5 6 7
13: Overall contentment with your life.	1 2 3 4 5 6 7
14: The extent to which your life has been as you want it.	1 2 3 4 5 6 7

### Part VI: Overall Impressions

Using the following scale, answer each of these with respect to when you first came to the office:

1: Better      2: Same      3: Worse

1: Overall, my physical well-being is:	1 2 3
2: Overall, my mental/ emotional state is:	1 2 3
3: Overall, my ability to handle stress is:	1 2 3
4: Overall, my enjoyment of life is:	1 2 3
5: Overall, my quality of life is:	1 2 3



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### Patient Profile

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

What is your preferred method of communication?

Email \_\_\_\_\_ Phone Call \_\_\_\_\_ Text \_\_\_\_\_

Have you visited our website? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in receiving our email Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you discover our office and the professional services we offer?

\_\_\_\_\_

What services are you interested in?

Chiropractic \_\_\_\_\_ Network Spinal \_\_\_\_\_ Massage \_\_\_\_\_

Nutrition/Functional Medicine \_\_\_\_\_ Yoga \_\_\_\_\_ Pilates \_\_\_\_\_

SilverSneakers \_\_\_\_\_ Qigong \_\_\_\_\_

## A Garden For Wellness

Our goal at A Garden For Wellness is to provide and maintain a good practitioner-client relationship. One way to encourage that relationship is to have clear and precise guidelines. These guidelines can be in forms of printed policies and consents. The items can be bulky and wasteful, as far as ecology is concerned. In an effort to minimize the paperwork we have consolidated our consents and policy acknowledgments to one page. All policies and consents are available to our clients/patients in their entirety at any time in paper or electronic form.

Please sign here to agree that you have read and understand and agree to:

1. The financial policy
2. The cancellation policy
3. The HIPPA consent
4. The Network Spinal Analysis consent

Signature\_\_\_\_\_

Date:\_\_\_\_\_



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### Insurance Consent Form

Patient's Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Marital Status: Married/Divorced/Single/Widow

If patient is under age 18, who is the Responsible Party? \_\_\_\_\_

#### Primary Insurance Information:

Name of Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Employer: \_\_\_\_\_

#### Secondary Insurance Information:

Name of Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

I authorize the release of any medical or other information to process all claims performed. I also request payment of benefits be made directly to A Garden for Wellness. We are filing insurance as a courtesy to you, therefore if your insurance company fails to pay for any treatment on your behalf, you will be responsible for the balance due. By signing below, I am agreeing to the above-mentioned terms and conditions.

Signature of patient or responsible party: \_\_\_\_\_

Date: \_\_\_\_\_



A Garden for Wellness

## Your Guide To The Journey

*All true healing and transformation begins with a Conscious choice for More*

Welcome. Your consideration to participate in our office represents an opportunity to engage in a collaborative relationship with Dr. Deana Brooksher and Dr. Vanessa Gale as well as the staff in an exciting, and profound approach to more than ordinary healing, and the experience and understanding of the forces that heal and enhance your life.

We consider conscious personal choice an essential part of healing. In honoring the sacred relationship between informed choice, in order for you to give consent to care, this "Agreement to Collaborate in Care" communication is being offered to you. When you choose to embark in further assessment and or care, you can do it with an understanding of the model of healing, the results-based chiropractic care we offer, and some of the assessments and outcomes for progress that will be central to your care.

The form of chiropractic health care provided in this office (NetworkSpinal care) is unique and goes beyond what most people expect and experience in health care. You deserve the dignity of understanding the difference and making the choice for this approach for your health, spine, nervous system, and life.

We are offering this notice of agreement to collaborate in care to you as we value the magic of your personal choice in beginning this healing journey with us and in all sustained transformations in your life.

Informed consent to care includes providing you with enough information for you to freely and with dignity consciously make an informed choice.

We honor that healing and life transformation requires conscious awareness and personal choice. This co-develops with a new organically developed experience of yourself and the world.

It is our central professional value that there is a self-organizing intelligence of life that coordinates through the spine and nervous system, as a modulator of health and consciousness impacting all areas of life.

Symptoms and disease are means of downsizing and interrupting your current life so you can develop new resourcefulness and have more energy to heal, live, thrive, adapt, and make a difference in the world. We assist your body-mind to enhance its information and energetic systems through helping develop novel healing strategies and capacities not seen outside the practice of this system which is constantly evolving with new research findings and understandings.

### ***Healing and More through an upgraded Human Operating System***

It is our central understanding and basis for the service as original core tenants that created the need for chiropractic as a separate and distinct profession that there are innate intelligences that organize one's body and life. It is all coordinated and transmitted through the spine and nervous system providing the energy to organize healthy body, mind and spiritual expressions and outcomes. The care we offer you seeks to optimize and actually evolve or upgrade these healing and living "apps".

We offer a profound solution by helping you develop sustainably new resourcefulness, as well as helping you have more available energy to heal, live, adapt, and make a difference in your life, and over time with our wellness care, in the world.

### ***Extraordinary is a different Standard***

To have "extra-ordinary", the care and results have to seem strange, different, unique. Extraordinary results require extraordinary and unique experiences, applications, and outcomes. Network Spinal may appear a tad strange to today's culture. Humanity is at a crossroads and as information changes it is extremely beneficial to upgrade the way we experience and adapt to the world and to have more than enough energy to organize our body and life. For those who know that there is more than they have been told or often experience, this care commonly offers the experience of "coming home." Different, profound, and effective, we offer to you care which is at the leading edge of what is possible for individuals and humanity.

### ***Your own healing "signature" wave and new spinal "gateways" to healing and transformation***

A unique feature and hallmark found only in the care we offer, is the development of the unique spinal information and energy wave that is expressed with spontaneous undulation of the spine. It is associated with unique benefits only demonstrated in our system. This is a bold statement, and we are proud to make it. NetworkSpinal is the current evolution of the "Network" and healing educational systems developed by Donny Epstein, D.C. with its foundation in chiropractic's unique principles and practices for over almost 4 decades with likely millions receiving the various forms on all 7 continents.

We see this wave as your personalized healing signal. The Network Wave upgrades your central nervous system, spine, and your human OS (operating system) as it is further linked to subtle spinal motion (called oscillation). More energy efficient and effective communication between your brain/mind/body and your energetic field is created and nurtured. It is designed to help develop human strategies that only develop in this form of healing and life enhancement. This is a bold statement, and it is true. This wave has been researched in over a dozen colleges and universities for its unique properties for self-organization, regulation, and healing.

Our care is applied in an expanded model of healing for our times, called



EpiHealing<sup>1</sup>. Our office provides as part of your care, educational offerings to deepen your understanding and experience on your personalized healing journey. <https://epienergetics.com/epihealing/>

In this office you will be part of a dynamic and diverse community of seekers who wish to heal more, be more, give more, experience more, and achieve more. Research papers published in various disciplines indicate that care in group settings, group educational offerings, discussions, consultations and sharing sessions have shown increased effectiveness, understanding, results, safety and follow through.

***Being well and beyond is always a collaboration, a We***

With this in mind, the care you will receive in this office will mostly occur in a group room where one person's healing and increased energetic efficiency sparks another. Just as a candle does not shine for its own illumination. Researchers in our method call this interpersonal energetic efficiency "central nervous system coherence at a distance". With this said, we believe you have the right to community and privacy. Both are sacred rights. In the rarer instances where privacy best serves you, we will do our best to accommodate this desire. Conscious choice is an essential part of all of our healing and growing, and we are here to serve you.

The space between us is like the "cloud" which contains energy and information, and one person's enhanced healing and energy efficiency stimulates another's in close proximity through a process of entrainment or harmonic resonance. Having the chiropractic tables within a critical distance of one another appears to enhance this collaborative effect.

We utilize various objective and subjective assessments, including your self-reported awareness and experience in care. You will be advised with your personalized recommendations for care what these assessment tools are and what the results mean as a baseline for, and as a measurement of your health,

<sup>1</sup> Further information about EpiHealing and the NetworkSpinal approach, as well as research on our methods, are available. A summary of much of the Research on the evolving systems of Network can be found on the [EpiEnergetics Foundation](#) and in documents available in this office.

advancement in care, and your life.

We help your body to self-regulate adverse spinal cord tension and “subluxations” while supporting the organic development of profound healing and life strategies. These subluxations are small disconnections between your brain and body and your healing and energetic capacities. It is the clinical service for which chiropractic was developed as a separate and distinct profession. Network is an evolution of the understanding and application and developed a new research paradigm from this basis. We regularly assess and advance the systems that create, sustain and advance spinal and central nervous system energy and information efficiency.

The gentle “Network” adjustments, called Spinal Entrainments, are designed to enhance your beingness, increase your brain and spinal nerve coherence, improve brain-body communications, greater “beingness” and evolve new spinal and nervous system strategies for an extraordinary life. This enables more effective healing, living, choices, and greater coherence within your body, mind as well as your influence in your environment.

If you seek diagnosis and treatment in order to restore you to your prior state, please contact a medical physician or other health care provided for such care. If you are mostly seeking less of something, or an experience where you want to be “fixed” then another office might be better to meet your needs at this time.

The care we offer you (the objective and subjective assessments), and outcomes are linked to you effortlessly and organically experiencing an upgraded, more energy and informationally efficient (coherent) you. As your human OS upgrades you will be seeing the commonly unseen, feeling the commonly unfelt, and hearing the commonly unheard. We seek to provide unique care so you can have greater self-reported healing and quality of life and a you that is More.

After a consultation and assessment, you will be advised as we suggest to you a plan of care. We will share with you on an ongoing basis what these subjective and objective assessment tools are, as well as what the results mean for you. We will first establish a baseline and then continue to measure your advancement in care, your health and you will report on changes in your life. We will be comparing our clinical findings with your personal experience and

developing awareness of the forces and intelligences that heal and transform your body and life (Creation's codes). Your choice to participate in care in our office is one of active participation in your healing and life enhancement.

All of the assessments evaluate aspects of the energy and information efficiency of your central nervous system, brain, and body and its impact on your healing and life.

### ***Less or More***

As a participant in our office, we are seeking more energy and information efficiency, novel strategies for healing and life and looking to developing with your strategies that go beyond where you have been in health, along with its ramifications for life. Most other practitioners and offices are seeking to make something go away, to make their patients more comfortable, and to restore them to the state they were in just before a symptom or condition arose.

In our care most people experience more energy flow, a wider range of body, emotional and energetic awareness, spontaneous realigning of the body, sense of who they are and why they are here, shift in relationships and a greater experience of the non-material energetics that connect us. Most often, even in extreme situations, the need for symptoms and other conditions significantly reduces, and unreasonable healing and life outcomes are achieved.

With this stated, if you are here for diagnosis and treatment of your condition as your main objective for therapeutic reduction of symptoms to be restored or maintained at your current or recent baseline, then you might consider the care we offer to be less desirable at this point in time. In this case we wish you well on your therapeutic journey and suggest that you seek care in a different office at this time, until you have a calling to choose More and for the unique service of advancing your healing and human resourcefulness.

Our starting point in care is with what is your highest goal for you, in your healing and its impact upon your life.

We invite you to continue with a consultation, examination, and assessment with a subsequent review with you of your doctor's findings and recommendations. You can then make a fully informed choice for care. With choice for more of what we can deliver to you as we fully can commit to one another for the benefits and

outcomes of care.

The "Network" spinal adjustments called spinal entrainments are unique from the more commonly applied manipulative applications.

At times, Dr. Deana and Dr. Vanessa may use other chiropractic or healing approaches, when deemed beneficial.

If you have any concerns at this time or in the future, please share them with your chiropractor or staff. Please also share your healing, and transformations and "magical" changes that you are experiencing in your life including others around you.

I, \_\_\_\_\_ have read, and or had read to me, in person, or by electronic means, and discussed, if desired, elements of this Agreement to Collaborate in Care. I recognize that the care offered in this office, is unique in the health, healing, and life enhancement arena. The care in this office is designed to develop new spinal, central nervous system, energetic and healing strategies often associated with my own unique spinal healing wave. It advances with spontaneous, precise, and elegant rocking of vertebra and the movement to a higher order of MORE. Most care will be provided in a group room setting. If I wish further assessment for the diagnosis or treatment of symptoms or disease or for specific therapeutic intervention I am advised to consult with a different health or disease care practitioner.

With this said, yes, I consciously choose to be assessed for and or to receive more Healing and Life experiences and strategies in this office.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_