



Holistic Health

WELCOME!

Today's Date: ____ / ____ / ____

Your Name: _____ [] Male [] Female

What do you prefer to be called/Nickname: _____

Date of Birth: ____ / ____ / ____ Age: ____

Social Security Number: ____ -- ____ -- ____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Email: _____

Emergency Contact: _____ Phone: (____) ____ - ____

Thank You

Name _____ Date _____

Top 3 Complaints

1. _____
2. _____
3. _____

Diagnosis from Medical Doctors _____

Head/Neck Symptoms

- | | | |
|--|--|---|
| <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Inability to focus |
| <input type="checkbox"/> Brain Fog | <input type="checkbox"/> Facial Paralysis | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Migraines | |
| <input type="checkbox"/> Blurry Vision | <input type="checkbox"/> Dizziness | |

Muscular/Joint Symptoms

- | | | |
|--|---|--|
| <input type="checkbox"/> Impaired Coordination | <input type="checkbox"/> Muscle Cramping | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Muscle Twitching | <input type="checkbox"/> Burning sensation |

Gastrointestinal Symptoms

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Acid Relux | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Excess Gas |
| <input type="checkbox"/> Loose stools | |

Psychiatric/Emotions

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Short fuse |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Overly Emotional |

Sleep

- | | |
|---|--|
| <input type="checkbox"/> Can't get to sleep | <input type="checkbox"/> Both |
| <input type="checkbox"/> Can't stay asleep | <input type="checkbox"/> Chronic Fatigue |

Hormones (females)

- | | | |
|--|---|---|
| <input type="checkbox"/> Periods heavy | <input type="checkbox"/> Absent periods | <input type="checkbox"/> Ovulation problems |
| <input type="checkbox"/> Periods not 28 days | <input type="checkbox"/> Infertility | <input type="checkbox"/> History of miscarriage |

Other: _____

Preparing and What to Expect at Your First Appointment

Preparing

- Ideally no antibiotics and/or steroids for 4 weeks prior to testing to get the best picture of what's going on in the body
- No foods or liquids besides water 1 hour before testing
- No perfumed lotions on testing day
- Try to avoid any non-life threatening medications, day of, prior to testing

Examination & Testing

Dr. White uses electrodermal screening/frequency testing/biofeedback that looks at the body as a whole. She measures the body's energy and looks for imbalances in the meridians. The patterns in the meridians can help her determine what may be causing your symptoms. She then matches you up to herbs homeopathy or supplements. Below are explanations of the type of testing Dr. White uses during her examinations.

MEAD (computer scan) *Meridian Electronic Analysis Device*

This testing device measures your body's natural energy (Qi) as it flows through your organs' highways of energy (meridians). 'Qi' and 'meridians' are core terminology in Eastern Medicine used to identify imbalance, symptoms, sickness and thus help a practitioner choose a course of treatment. The MEAD organizes your body's Qi in graph format so the practitioner can look for imbalances within your body. Your MEAD graph will often match up with your symptoms, but in many cases this testing instrument will simply give the doctor an objective tool to refer to in the evaluation and management of your care. This instrument is not meant to diagnose you. Instead, the doctor will be able to look for specific patterns that may correlate with dysfunctions within the body. The doctor is also able to track progress and changes in your body as different layers of dysfunction are uncovered, balanced, and healing takes place.

RES ('black box') *Reflex Energy System*

This is a similar tool to the MEAD scan in that it evaluates by using acupuncture points related to different organ systems. The primary goal of using the RES is so the doctor can be very specific in their recommendations based on what products bring your body into balance. With this tool your body's imbalances can be tested against different products to identify which substances your body may need to heal itself. This takes the guesswork out of what the doctor's recommendations might be, thereby making your regimen more specific to you.

How the RES works:

We are electrical beings, and our energy can be measured by its frequency, or hertz (Hz). The normal healthy range of energy in the human body is 62 – 72 Hz. The RES is set to a baseline of the normal range. All substances have energy of their own, including: food, medications, viruses and bacteria, herbs, homeopathy and supplementation. Toxic substances such as infections, processed foods and environmental toxins have frequencies much lower than our normal, healthy numbers. When your body becomes invaded with these substances, it has the ability to impair your immune system by dropping your normal frequency, thus creating symptoms and disease. On the flip side, when balance is restored, your body can begin to self-heal.

In using the RES, you will contact (hold) a frequency of an item such as a supplement, herb or homeopathic. If that treatment brings your body back into balance, that frequency becomes the recommended treatment because it will stimulate a healing response within your body. For example, if you balance well for the homeopathic immune therapy for Candida/yeast, we can assume that an overgrowth of yeast is weakening your body and creating symptoms. By using the homeopathic frequency of yeast as therapy for your body, normal frequency will be restored and the body can begin to self-heal.

The RES is not intended to diagnose or treat disease, but rather shows the practitioner what products can be given to a patient as a part of their recommendations for care. There are many types of energy balancing techniques in holistic medicine (muscle testing, chakra balance, Rife machines, etc.). RES is a type of objective tool to help a practitioner be more specific and comprehensive with their recommendations.

You can also Youtube: Dr. Shannon's electrodermal screening

Patient Health Information Consent Form

We want you to know how your Patient Health Information (**PHI**) is going to be used in this office and your rights concerning those records. Before we will begin any health care operations we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (**PHI**) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not effect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the chiropractic physician has the right to refuse to give care.

I have read and understand how my Patient Health Information will be used and I agree to these policies and procedures.

Name of Patient

Date

The Reflex E system provides a completely non-invasive method for gaining valuable information about your body's vital functions. The primary objective of the screening is to disclose patterns of stress and provide feedback that will assist in developing a program to restore each system and meridian to balance.

I understand that the Reflex E survey does not provide medical diagnosis and that my testing technician may recommend further medical testing. If I suspect I need further medical intervention, I understand I should consult MY physician. I give my permission for the testing technician to evaluate me on the Reflex E. I understand in doing so my testing technician is NOT becoming my primary care physician. I understand that the testing technician will give me information about myself and make recommendations based on the Reflex E screening. I understand that the testing technician will not pass judgements on prescribed medications and it is the responsibility of my primary care physician to make any adjustments on prescribed medications. Any decision to follow through with the recommended program is my own decision and I hold the testing technician harmless.

I understand that I am here to learn about natural health and better lifestyle practices and I will be offered information about food supplements and herbs as a guide to general health. I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescribed medications should not be altered without first consulting the physician who recommended it.

I fully understand that those who counsel me are not medical doctors, medical practitioners, licensed nutritionalists, or licensed naturopaths. I am not here for any medical diagnostic purposes or treatment procedures.

Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed physician's treatment. Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, treat, or take the place of a licensed physician.

The intent is to provide educational information for the purpose of assisting you with the lifestyle changes necessary to regain and maintain an environment needed to produce a healthy balanced body.

I am not on this visit, or any subsequent visit, acting as an agent for the federal, state, county, local law enforcement or news media on a mission of entrapment or investigation.

I understand that all information and conversations will be kept confidential, and that information concerning myself can be released to another health professional only with my written consent.

I understand that the Reflex E screening will only identify energetic imbalances and does not diagnose any diseases in the body. The Balancing Item refers to the energetic frequency needed to restore balance to the body. Balancing Items are defined differently from medical terms and are not a cure for any disease.

Client Signature Date

Guardian Signature (if under 18 years of age) Relationship

Holistic Health Patient Agreement

At Holistic Health we strive to promote the utmost integrity and respect with patient relations. In order to ensure that each patient receives quality care we ask that you read, understand and agree to the following:

I agree to make all appointments as scheduled in order to ensure maximum progress in my case. I understand that if I do not show up for my appointment, cancel or reschedule less than 24 hours before my scheduled appointment, I will be charged \$35.00.

Initial _____

I agree to follow my protocol recommended to me by my practitioner to the best of my ability. I understand it may take several weeks before any noticeable improvement.

Initial _____

I understand that my practitioner and the staff at Holistic Health have the right to discontinue my care at any time if they determine appropriate. Conditions that may terminate care may include, but are not limited to the following:

- Purchasing of homeopathic protocol from other providers/vendors. If products are purchased elsewhere, we cannot ensure quality, handling or correct storage. If you do decide to purchase through another provider/vendor, we will ask that you switch your care to the provider you are purchasing through. Because of this we try to keep our testing fees and product pricing low.
- Inappropriate behavior or language towards the practitioner or staff
- Multiple late cancellations and no shows to appointments

Initial _____

I acknowledge that Holistic Health does not bill out to insurance. The consultations and treatment modalities administered at Holistic Health are not recognized or covered by insurance companies. I agree to pay out of pocket for each service offered at Holistic Health with the understanding that I most likely will not be reimbursed by my private insurance carrier. If I am on Medicare/Medicaid I acknowledge that I cannot submit any claims for services offered at Holistic Health.

Initial _____

I understand that if I'm working with other medical providers, Holistic Health cannot claim to treat or diagnose from electrodermal screening and the protocols to treat the diagnosis are not recognized in mainstream medicine.

Initial _____

Signature (Parent/Legal Guardian)

Patient(s) names

Printed Name

Date