



Thank you for choosing Pure Vitality for your natural healthcare. We are dedicated to making your experience with us a most satisfying one.

The following information is necessary in order for us to complete your in office file and for our participation in your health care. Please fill out and bring these forms with you to your appointment.

If you have any lab work that is relevant to your health problems, please supply us with copies of it. If you have a summary of your illness as a timeline of what happened and your symptoms, that can also be helpful to us.

Bring any nutritional supplements with you when you come so we can be sure you are taking the best supplements that compatible with your body.

Please don't hesitate to contact us if you have any questions. We look forward to helping you achieve your health goals!

Pure Vitality
3614 Highway 5
Douglasville, GA 30135
(770) 920-7873

www.getpurevitality.com
getpurevitality@gmail.com

Thanks,

The Pure Vitality Staff

Office Policies and Procedures

Hours:

- Monday-Friday 9:00 am– 5:30 pm
- Saturdays 10:00 am– 2:00pm

Cancellations / No Shows

- Please reference the cancellation policy located before the disclaimers page within this packet.

Scent Policy

- Please be aware that some of our clients are sensitive to chemicals and fragrances.
- We ask that you (and anyone accompanying you) not to wear perfumes, colognes, or any product containing fragrances.
- If you enter the office wearing a strong fragrance, it will be at the discretion of the practitioner whether or not to complete the appointment or reschedule it for a later date.

Appointments:

- Appointments can be scheduled by calling our office or by going to www.getpurevitality.com and clicking on the "Schedule Now" button.
- There is a \$30 booking fee for initial evaluations. This \$30 is to reserve your appointment on your schedule and can be applied towards any costs associated with your visit.
- Payment is due in full at the time of your consultation. Methods of payment are: Visa, MasterCard, Discover, American Express, and cash.

Office Consultations:

- Please arrive 15 minutes before your scheduled appointment time so that we can get all of your paperwork taken care of before you see your practitioner.
- We generally recommend that all clients have a seasonal office consultations (4 times a year) to maintain good health.

Phone Consultations:

- If you book a phone appointment (consult, discovery session, or coaching session), please make sure you have given the front desk the best phone number to reach you. This will ensure a smooth and timely appointment.

Pure Vitality

3614 Highway 5, Douglasville Georgia 30135
(770) 920-7873 | 1-800-927-8473
www.getpurevitality.com

WELCOME! We are glad that you are choosing to make you and your health a priority, and are grateful that you have chosen Pure Vitality to be a part of that journey. We offer a comprehensive approach to alternative healthcare that addresses the root cause of symptoms by using many different specialties to promote health of the whole person- mind and body.

BASIC PRINCIPLES OF ALTERNATIVE MEDICINE:

- **We partner with you in the healing process to help your body heal itself.** It is not our responsibility to “fix” you; we partner with you and provide you with the support, recommendations, and protocols to help you reach your health goals, but the real work is yours to do.
- **We address the root cause.** We take into consideration all factors that can influence health and wellness, including food, toxins, allergies, infections, stress levels, and emotional health. We are health detectives working to get to the ROOT of the problem in body and mind, helping you understand why you got sick in the first place, and recommending natural protocols to bring your body back into balance and also prevent future disease.
- **We believe God designed the body to be healthy.** We believe the body has a blueprint for health and that by using natural approaches that are compatible with the body, and removing obstacles that are blocking health, the body will heal itself.

WHAT YOU CAN EXPECT WHEN WORKING WITH US

FIRST VISIT: The typical first visit to our office starts with a Health Evaluation that is done remotely or in-person. We review your health history and perform a bio-energetic comprehensive screening that will enable us to uncover any obstacles standing in the way of health. Then we set up a highly customized plan to get you on the road to optimal health utilizing the various natural modalities that we offer.

Although we do not diagnose, we will consider multiple factors including:

- **Environmental Influences:** Food, toxic chemicals, heavy metals, infections, etc...
- **Biological & Genetic Influences:** Hormone imbalances, digestion and absorption of nutrients, environmental and food allergies, immune system function and inflammatory responses
- **Mind and Emotions:** Your thoughts, emotions, and stress levels can affect your health

PAYMENT: Payment is expected at the time of service for each visit. Pure Vitality currently accepts the following forms of payment: cash, American Express, Discover, MasterCard, and Visa. We do not accept checks. Supplements must be paid for at the time of pick up and when calling in orders for shipment.

INSURANCE: Some people are able to pay for our services with their Flex Plans or Health Savings Accounts, however many insurance companies do not cover our services. Questions about your coverage should be directed to your insurance carrier.

Most people pay out-of-pocket for our care. For this reason, we offer the lowest cost care possible with our membership programs. In comparison to conventional medical office visits, our visit costs are considerably less.

PHONE APPOINTMENTS/ REMOTE APPOINTMENTS: Out of state? No problem! We offer phone or Skype appointments for people who are unable to make it to our office due to long distance or other factors. We offer remote health evaluations and emotional coaching, so no matter where you live in the US, you can utilize our services.

SHIPPING POLICY: We ship via USPS Ground unless otherwise specified by the customer at the time of order. Most orders are processed and shipped within 2 business days of placement.

RETURN POLICY: We cannot provide refunds for any supplements or products once they are opened. Unopened supplements can be returned within 30 days of purchase for a full refund.

SUPPLEMENT ORDERS OR REFILLS: We offer several options for making ordering refills as convenient as possible.

- You may pick up your items at the front desk during business hours: Monday-Friday 9 am to 5:30 pm, Saturdays from 9:30 am to 2 pm.
- We can ship items USPS for a shipping charge starting at \$6.00. Orders over \$100 receive free shipping.
- Call us at **770-920-7873** or email us at **getpurevitality@gmail.com** to order.
- Please allow 48 hours advance notice to prepare your order.
- Special order supplements may need extra time.
- Supplements must be paid for at the time of pick up and when calling in orders for shipment.

Our Membership Programs

Vitality Membership

Are you frustrated that doctors don't have any answers? Do you feel stuck?

You may also suffer from anxiety, depression, cravings, and even though you know what you should do, you just can't seem to muster the strength to do it.

Our Vitality Signature Program is a customized, all-inclusive, 3-month program that provides a high level of support and accountability so you can make a healthy life your new normal.

Membership includes:

- One health evaluations each month to address the root cause of your health concerns
- 4 complimentary supplements each month
- One 1-hour coaching session each week
- Access to our resource library of classes
- Vibrant Health cookbook Kitchen & Pantry Makeover Guide
- Remedy Book reference guide
- Pure Body Detox Course

\$1250 per month

*3-month minimum contract

Emotional Coaching

Tired of the crippling anxiety that is keeping you stuck?

Does your career, marriage, or circumstance feel overwhelming?

Maybe you know what you should do, but just can't seem to break old habits?

Coaching can help you move from fear, overwhelm, and anxiety to the life you've dreamed of living.

You may have had a health crisis, a recent divorce, a death of a loved one or maybe you have just decided it is TIME for a positive change.

After working with us, our clients have clarity and a renewed sense of purpose so that they are able to finally ACHIEVE their GOALS.

We create a safe space for change to help you become the best version of yourself.

Call us to request a free discovery session to find out if coaching is right for you.

Package Includes:

- Four 1-hour sessions each month to help you break free from anxiety or whatever is keeping you stuck.

\$500 per month

*3-month minimum contract

Prevention Membership

This membership is for you if you have minor issues you are looking to resolve or just want to maintain your good health.

We bio-energetically scan for organ stress, toxicity, food and environmental sensitivities, as well as nutritional and hormonal imbalances. We send you a collection kit in the mail, and you return your samples in the envelope included in the kit.

Once it's processed, we provide a protocol that includes nutritional supplements, which can be purchased from us and mailed to you.

Membership Includes:

- One health evaluation or one coaching session each month available for anyone in your family to use
- A copy of our Vibrant Health cookbook
- A custom homeopathic Access to our resource library of recipes and educational classes
- Each member of your family has access

\$150 per month

*Does not include supplements

OUR PROMISE TO YOU: If you have made it this far in this welcome packet, you probably realize by now that we take what we do very seriously and provide a high level of care for our clients. Our reputation at Pure Vitality is built on getting our clients excellent results, and for that to happen, the client has to partner with us while the body heals itself naturally. If client's don't fully believe they can get well, then that tends to be what happens. And we are not willing to compromise our track record of wellness for those who are skeptical of alternative medicine or not willing to invest in their health. It is an investment and a commitment to yourself. If you are ready to invest in and commit to yourself, we would LOVE to partner with you. We know we'll deliver. Will you?

If so, please read and sign our client agreement below and fill out the forms on the next few pages. Bring them with you to your first appointment. We look forward to working with you!

CLIENT AGREEMENT

As your practitioner/coach, my role is...

- To be fully present during your appointment and listening carefully
- To serve as your accountability partner
- To stretch you to take responsibility for your health and grow to a higher level
- Offer honest feedback
- Create an action plan and protocol for you to get healthy

As a client, your role is...

- Show up on time for your appointments with no distractions
- Give 100% of your effort towards following your protocol during your program
- Take your supplements faithfully and take the action we decide upon
- Be open and teachable
- Make your payments on time
- Give at least 48 hour notice for any appointment cancellations

Signature of client

Date

Signature of Practitioner/Coach

Date



Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work #: _____ Cell #: _____
Occupation: _____ Hours of work per week: _____
Age: _____ Birth Date: _____ Current weight: _____ Weight one year ago: _____
Email address: _____ Relationship status: _____
Children?: _____ Ages: _____ Pets: _____
How did you hear about us? _____ Would you like to receive our newsletter? _____

Parent/Guardian Name: _____ Parent/Guardian Contact: _____

Present Complaints: List the your main health problems:

1. _____ When did it start? _____
2. _____ When did it start? _____
3. _____ When did it start? _____
4. _____ When did it start? _____
5. _____ When did it start? _____

At what point in your life did you feel best? _____

What are your health goals: _____

Medications or nutritional supplements you are currently taking: List them:

Section 1– Read each symptom and circle the number that applies.

Key: 0=no, symptom does not occur 2=Moderate symptom, occurs weekly
1=Yes, mild symptom, rarely occurs 3=Severe symptom, occurs daily

- | | |
|----------------------------------------|------------------------------------------|
| 1. 0 1 2 3 Heartburn or Acid Reflux | 9. 0 1 2 3 Fingernails chip, break, peel |
| 2. 0 1 2 3 Burping or Gas after eating | 10. 0 1 2 3 Anemia unresponsive to iron |
| 3. 0 1 2 3 Bloating after eating | 11. 0 1 2 3 Stomach pain or cramps |
| 4. 0 1 2 3 Bad breath | 12. 0 1 2 3 Diarrhea, chronic |
| 5. 0 1 2 3 Sweat has a strong odor | 13. 0 1 2 3 Diarrhea after meals |
| 6. 0 1 2 3 Feel better if I don't eat | 14. 0 1 2 3 Black or dark stool |
| 7. 0 1 2 3 Sleepy after meals | 15. 0 1 2 3 Undigested food in stool |
| 8. 0 1 2 3 Burning pain in stomach | |

Section 2– Read each symptom and circle the number that applies.

Key: 0=no, symptom does not occur 2=Moderate symptom, occurs weekly
1=Yes, mild symptom, rarely occurs 3=Severe symptom, occurs daily

- | | |
|----------------------------------------------|-------------------------------------|
| 16. 0 1 2 3 Skip days between bowel movm. | 24. 0 1 2 3 Dark circles under eyes |
| 17. 0 1 2 3 Stools hard or difficult to pass | 25. 0 1 2 3 History of parasites |
| 18. 0 1 2 3 Cramping on lower abdomen | 26. 0 1 2 3 Coated tongue |
| 19. 0 1 2 3 Blood in stool | 27. 0 1 2 3 Anus itches |
| 20. 0 1 2 3 Mucus in stool | 28. 0 1 2 3 Constipation |
| 21. 0 1 2 3 IBS or colitis | 29. 0 1 2 3 Stools are loose |
| 22. 0 1 2 3 Yeast Infections | |
| 23. 0 1 2 3 Nail fungus or athletes foot | |

Section 3– Read each symptom and circle the number that applies

- | | |
|-----------------------------------------|---------------------------------------------------|
| 31. 0 1 2 3 Food allergies | 38. 0 1 2 3 Pulse speeds after eating |
| 32. 0 1 2 3 Bloating after eating | 39. 0 1 2 3 Nightmares |
| 33. 0 1 2 3 Airborne allergies | 40. 0 1 2 3 Feel spacy or unreal |
| 34. 0 1 2 3 Wheat or gluten sensitivity | 41. 0 1 2 3 Alternating diarrhea/
constipation |
| 35. 0 1 2 3 Dairy sensitivity | 42. 0 1 2 3 Hives |
| 36. 0 1 2 3 Sinus congestion | |
| 37. 0 1 2 3 Craves bread and pasta | |

Section 4– Read each symptom and circle the number that applies

- | | |
|--------------------------------------------|-------------------------------------------------------------|
| 43. 0 1 2 3 Nausea | 50. 0 1 2 3 Headache over eyes |
| 44. 0 1 2 3 Pain between shoulder blades | 51. 0 1 2 3 Easily intoxicated |
| 45. 0 1 2 3 Skin rashes, acne, eczema, etc | 52. 0 1 2 3 Hemorrhoids or varicose veins |
| 46. 0 1 2 3 Age or "Liver" spots | 53. 0 1 2 3 Sensitivity to perfumes or
chemicals, etc... |
| 47. 0 1 2 3 Greasy foods upset stomach | 54. 0 1 2 3 Pain under right rib cage |
| 48. 0 1 2 3 Gallbladder attacks or stones | 55. 0 1 2 3 Insomnia |
| 49. 0 1 2 3 Motion sickness | |

Section 5– Read each symptom and circle the number that applies.

- | | |
|-----------------------------------------|----------------------------------------|
| 56. 0 1 2 3 Carpal Tunnel Syndrome | 60. 0 1 2 3 Bursitis or tendonitis |
| 57. 0 1 2 3 Osteoporosis or Osteopenia | 61. 0 1 2 3 Joints pop or crack |
| 58. 0 1 2 3 Legs or foot cramps at rest | 62. 0 1 2 3 White spots on fingernails |
| 59. 0 1 2 3 Pain or swelling in joints | 63. 0 1 2 3 Decreased taste or smell |

Section 6– Read each symptom and circle the number that applies.

- | | |
|-------------------------------------------|-------------------------------------------|
| 64. 0 1 2 3 Intense Fatigue | 69. 0 1 2 3 Muscle twitching |
| 65. 0 1 2 3 Brain Fog | 70. 0 1 2 3 Unexplained fevers |
| 66. 0 1 2 3 Memory loss-short & long term | 71. 0 1 2 3 Headaches/Migraines |
| 67. 0 1 2 3 Pain or swelling in joints | 72. 0 1 2 3 Poor concentration |
| 68. 0 1 2 3 Stiff joints in morning | 73. 0 1 2 3 Sore soles of feet in morning |

Section 7– Read each symptom and circle the number that applies.

- Key: 0=no, symptom does not occur 2=Moderate symptom, occurs weekly
1=Yes, mild symptom, rarely occurs 3=Severe symptom, occurs daily
- | | | | | | | | | | |
|-------|---|---|---|------------------------------|-------|---|---|---|------------------------------|
| 74. 0 | 1 | 2 | 3 | Body jerks as falling asleep | 79. 0 | 1 | 2 | 3 | Nosebleeds |
| 75. 0 | 1 | 2 | 3 | Restless leg syndrome | 80. 0 | 1 | 2 | 3 | Bruise easily |
| 76. 0 | 1 | 2 | 3 | Small bumps on back of arms | 81. 0 | 1 | 2 | 3 | Gums bleed easily |
| 77. 0 | 1 | 2 | 3 | Heart races | 82. 0 | 1 | 2 | 3 | Depressed regularly |
| 78. 0 | 1 | 2 | 3 | Worrier, anxious | 83. 0 | 1 | 2 | 3 | Numbness or tingling in body |
| | | | | | 84. 0 | 1 | 2 | 3 | Loss of muscle tone |

Section 8– Read each symptom and circle the number that applies.

- | | | | | | | | | | |
|-------|---|---|---|---------------------------------------------|-------|---|---|---|---------------------------|
| 85. 0 | 1 | 2 | 3 | Difficulty falling asleep | 91. 0 | 1 | 2 | 3 | Headache after exercise |
| 86. 0 | 1 | 2 | 3 | Slow starter in the morning | 92. 0 | 1 | 2 | 3 | Chronic low back pain |
| 87. 0 | 1 | 2 | 3 | Become dizzy when standing suddenly | 93. 0 | 1 | 2 | 3 | Clench or grind teeth |
| 88. 0 | 1 | 2 | 3 | Difficulty holding chiropractic adjustments | 94. 0 | 1 | 2 | 3 | Perspire too easily |
| 89. 0 | 1 | 2 | 3 | Arthritis | 95. 0 | 1 | 2 | 3 | Hives |
| 90. 0 | 1 | 2 | 3 | Crave salty food | 96. 0 | 1 | 2 | 3 | Bright light hurts eyes |
| | | | | | 97. 0 | 1 | 2 | 3 | Slow recovery from stress |

Section 9– Read each symptom and circle the number that applies

- | | | | | | | | | | |
|--------|---|---|---|----------------------------|--------|---|---|---|---------------------|
| 98. 0 | 1 | 2 | 3 | Difficulty losing weight | 106. 0 | 1 | 2 | 3 | Sensitive to iodine |
| 99. 0 | 1 | 2 | 3 | Loss of outer 1/3 eyebrows | 107. 0 | 1 | 2 | 3 | Fast pulse at rest |
| 100. 0 | 1 | 2 | 3 | Mentally sluggish | 108. 0 | 1 | 2 | 3 | Nervousness |
| 101. 0 | 1 | 2 | 3 | Cold hands and feet | 109. 0 | 1 | 2 | 3 | Sensitivity to cold |
| 102. 0 | 1 | 2 | 3 | Hair loss | 110. 0 | 1 | 2 | 3 | Intolerant to heat |
| 103. 0 | 1 | 2 | 3 | Easily fatigued | 111. 0 | 1 | 2 | 3 | Flush easily |
| 104. 0 | 1 | 2 | 3 | Seasonal sadness | 112. 0 | 1 | 2 | 3 | Heart palpitations |
| 105. 0 | 1 | 2 | 3 | Low body temperature | | | | | |

Section 10– Read each symptom and circle the number that applies.

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|--------|---|---|---|-----------------------------------------------|--------|---|---|---|-----------------------------|
| 113. 0 | 1 | 2 | 3 | Crave sweets | 118. 0 | 1 | 2 | 3 | Get shaky or weak if hungry |
| 114. 0 | 1 | 2 | 3 | Awaken during night, hard to fall back asleep | 119. 0 | 1 | 2 | 3 | Sleepy in afternoon |
| 115. 0 | 1 | 2 | 3 | Excessive appetite | 120. 0 | 1 | 2 | 3 | Fatigue relieved by eating |
| 116. 0 | 1 | 2 | 3 | Crave coffee or sugar in afternoon | 121. 0 | 1 | 2 | 3 | Afternoon headaches |
| 117. 0 | 1 | 2 | 3 | Headache if meals are delayed | 122. 0 | 1 | 2 | 3 | Irritable before meals |

Section 11– Women only:

Key: 0=no, symptom does not occur
1=Yes, mild symptom, rarely occurs

2=Moderate symptom, occurs weekly
3=Severe symptom, occurs daily

- | | |
|---------------------------------------|----------------------------------|
| 123. 0 1 2 3 Painful menstrual cycle | 131. 0 1 2 3 Uterine fibroids |
| 124. 0 1 2 3 Mood swings around cycle | 132. 0 1 2 3 Fibrocystic breasts |
| 125. 0 1 2 3 Painful breasts at cycle | 133. 0 1 2 3 Hot flashes |
| 126. 0 1 2 3 Irregular cycles | 134. 0 1 2 3 Vaginal itchiness |
| 127. 0 1 2 3 Heavy menstrual flow | 135. 0 1 2 3 Vaginal discharge |
| 128. 0 1 2 3 Acne at menstrual cycle | 136. 0 1 2 3 Night sweats |
| 129. 0 1 2 3 Yeast Infections | 137. 0 1 2 3 Menopausal symptoms |
| 130. 0 1 2 3 Endometriosis | |

Section 12– Men only section:

- | | |
|---------------------------------------------|------------------------------------------------------|
| 138. 0 1 2 3 Prostate problems | 142. 0 1 2 3 Fatigue |
| 139. 0 1 2 3 Decreased libido | 143. 0 1 2 3 Pain on inside of legs or heels |
| 140. 0 1 2 3 Urination difficult | 144. 0 1 2 3 Feeling of incomplete bowel elimination |
| 141. 0 1 2 3 Pain or burning with urination | |

Section 13– Read each symptom and circle the number that applies.

- | | |
|---------------------------------------------------------|----------------------------------------------------|
| 145. 0 1 2 3 Shortness of breath with moderate exertion | 149. 0 1 2 3 Muscle cramps during exercise |
| 146. 0 1 2 3 Opens windows in closed room | 150. 0 1 2 3 Hands and feet go to sleep |
| 147. 0 1 2 3 Sigh frequently | 151. 0 1 2 3 Dull pain in chest, worse on exertion |
| 148. 0 1 2 3 Bruise easily | |

Section 14– Read each symptom and circle the number that applies

- | | |
|--------------------------------------------|--------------------------------------------------------------|
| 152. 0 1 2 3 Pain upon urination | 156. 0 1 2 3 History of kidney stones |
| 153. 0 1 2 3 Frequent bladder infections | 157. 0 1 2 3 Pain in low back |
| 154. 0 1 2 3 Cloudy, bloody, or dark urine | 158. 0 1 2 3 Puffy eyes or Dark circles Under eyes regularly |
| 155. 0 1 2 3 Urine has strong odor | |

Section 15– Read each symptom and circle the number that applies.

- | | |
|---------------------------------------|--------------------------------------------------------------------------------|
| 159. 0 1 2 3 Catch colds/flu easily | 163. 0 1 2 3 Poor wound healing |
| 160. 0 1 2 3 Runny or drippy nose | 164. 0 1 2 3 History of Epstein Bar, Mono, Herpes, Shingles or Chronic Fatigue |
| 161. 0 1 2 3 Swollen lymph nodes | |
| 162. 0 1 2 3 Gets boils, cysts, styes | |

Section 16–Read each exposure and circle the number as it applies

Key: 0=Never 2=Weekly
1= Occasionally 3=Daily

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 165. 0 1 2 3 Use of pesticides in home | 169. 0 1 2 3 Exposed to tobacco, moth balls, incense, varnish, or dust. |
| 166. 0 1 2 3 Use of strong chemicals (bleach, polish, floor wax, cleaners, etc) | 170. 0 1 2 3 Exposed to diesel fumes, exhaust fumes, or gasoline fumes. |
| 167. 0 1 2 3 Treat home for insects | |
| 168. 0 1 2 3 Use of perfumes, hair spray, cosmetics, nail polish, etc. | |

How is your Diet:

- Coffee: _____ cups per: Day Week Month
- Soft drinks: _____ can per: Day Week Month
- Diet soda: _____ can per: Day Week Month
- Candy: _____ times per: Day Week Month
- Chocolate: _____ times per: Day Week Month
- Alcohol: _____ times per: Day Week Month
- Fast food: _____ times per: Day Week Month
- Milk/cheese: _____ times per: Day Week Month
- Fried food: _____ times per: Day Week Month
- Margarine or tub spreads

Current Diet Information: Give some examples of foods you typically eat:

Breakfast: _____

Lunch: _____

Snacks: _____

Dinner: _____

Liquids: _____

How many meals do you eat per day? _____ What meals do you skip? _____

Do you cook? _____ What percentage of meals are home-cooked? _____

Health History:

List any major illnesses with approximate dates:

Illness:	Date:	Recovered?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any family history of serious illnesses?

- Cancer Heart Disease Diabetes Other: _____

Please list any surgeries, operations, traumas, car accidents, etc...:

Please list any major allergies:

What are your Hobbies: _____

What would you like to do once you get healthier that you can't do now? _____

Commitment Level: How serious are you about improving your health?

- Very serious Serious Other: _____

What are you willing to do to improve your health?

- Take supplements only Exercise only Whatever it takes!!

Section 17—Read each exposure and circle the number as it applies

Key: 0=Never 2=Weekly
 1= Monthly 3=Daily

How often do you feel:

- | | |
|------------------------|------------------------|
| 171. 0 1 2 3 Happy | 177. 0 1 2 3 Weepy |
| 172. 0 1 2 3 Moody | 178. 0 1 2 3 Irritable |
| 173. 0 1 2 3 Angry | 179. 0 1 2 3 Fearful |
| 174. 0 1 2 3 Anxious | 180. 0 1 2 3 Nervous |
| 175. 0 1 2 3 Depressed | 181. 0 1 2 3 Sad |
| 176. 0 1 2 3 Lonely | 182. 0 1 2 3 Stressed |

Rate your overall stress level on a daily basis; on a scale of 1 to 10.

(10= high, 1= low)

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

What areas of your life are you experiencing the most stress? (Examples: career, relationships, marriage, health, etc.)

What areas of your life are you experiencing the most joy/happiness?

Cancellation Policy

We consider an appointment to be an agreement between you and our office. The practitioners who work here take pride in helping each and every person. If you fail to give due notice or do not show up for your appointment, your practitioner becomes unavailable to provide services to another client during that scheduled time.

You will be held responsible for keeping the appointment or giving a 48-hour notice of cancellation. If for any reason you are not able to keep your scheduled appointment, and fail to notify Pure Vitality 48 hours before your scheduled appointment time, the credit card securely stored on your profile with MindBody Online will be charged \$30.00

Please note that any client who arrives *15 minutes late or more* to their appointment, they will be considered a no-show and will be charge the \$30.00 cancellation fee. The client will be rescheduled at the request of our practitioners.

I hereby authorize Pure Vitality to make charges on my credit card in the amount of \$30.00 and fully understand that in the event that I do not give adequate notice of cancellation of an appointment or arrive 15 minutes later than the scheduled time the non-refundable charge will take place.

*All information is safely stored online under individual client profiles in MindBody Online's secure database. Once the credit card is stored, it cannot be accessed in full by management. This allows for coded transactions to take place utilizing stored credit card information.

Disclaimer

The computerized Electro-Dermal Screening device (Qest4) provides a completely non-invasive method for gaining valuable information about how your body functions. The primary objective is to find patterns of stress and provide feedback that will assist in developing a program to restore areas of the body to balance.

- I understand that the Qest4 survey does not provide medical diagnosis and that my testing technician may recommend further medical testing. If I suspect that I need further medical intervention, I understand that I should consult MY physician. I give my permission for the testing technician to evaluate me on the Qest4. 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 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 changes to my 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 the Qest4 screening does not diagnose diseases in the body. I understand that the role of Pure Vitality is not to prescribe, to diagnose, treat, or cure any disease, condition or other physical or mental ailment of the human body. Rather, Pure Vitality is a mentor and guide who has been trained in Holistic and Naturopathic health to help clients reach their own health goals by helping clients implement positive lifestyle changes. I understand that Pure Vitality is not acting in the capacity of a doctor, licensed dietician-nutritionist, psychologist, or other licensed or registered professional, and that any advice given by Pure Vitality is not meant to take the place of advice by these professionals.
- 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 take full responsibility for my life and well-being, as well as the lives and well-being of my family and children (where applicable) and all decisions made while working with Pure Vitality. I assume risks of trying new foods or supplements, and the risks inherent in making lifestyle changes. I release Pure Vitality from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which I ever had, now has, or will have in the future against Pure Vitality, arising from my past or future participation in programs and services, unless arising from the gross negligence of Pure Vitality.
- **CONFIDENTIALITY:** Pure Vitality will keep the client's information private, and will not share the client's information to any third party unless compelled by law.

Disclaimer Continued

The computerized Electro-Dermal Screening device (Qest4) provides a completely non-invasive method for gaining valuable information about how your body functions. The primary objective is to find patterns of stress and provide feedback that will assist in developing a program to restore areas of the body to balance.

- **ARBITRATION, CHOICE OF LAW AND LIMITED REMEDIES** In the event that there ever arises a dispute between Pure Vitality and the Client with respect to the services provided pursuant to this agreement or otherwise pertaining to the relationship between the parties, the parties agree to submit to binding arbitration before the American Arbitration Association. Any judgement on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Such arbitration shall be conducted by a single arbitrator. The sole remedy that can be awarded to the Client in the event that an award is granted in arbitration is refund of fees. Without limiting the generality of the foregoing, no award of consequential or other damages, unless specifically set forth herein, may be granted to the Client.
- This agreement shall be construed according to the laws of the State of Georgia. In the event that any provision of this agreement is deemed unenforceable, the remaining portions of the agreement shall be severed and remain in full force.
- If the terms of this agreement are acceptable, please sign the acceptance below. By doing so, the Client acknowledges that: he/she has received a copy of this letter agreement; he/she has had an opportunity to discuss the contents with Pure Vitality and, if desired, to have it reviewed by an attorney; and the Client understands, accepts, and agrees to abide by the terms hereof.
- Dispute Resolution: Should we ever have any differences, it is hoped that we could work them out amiably through e-mail correspondence. However, if we are unable to seek resolution in 14 days, we agree now that that the only method of legal dispute resolution that will be used is binding arbitration before a single arbitrator, jointly selected by both of us, unless we both agree otherwise in writing. You understand and agree now that the only remedy that can be awarded to you through arbitration is the full refund of your Payment made to date. No other actions or financial awards of consequential damages, or any other type of damages, may be granted to you. We both agree now that the decision of the arbitrator is final and binding, and may be entered as a judgment into any court having the appropriate jurisdiction. You also agree that should arbitration take place, it will be held in Douglas County in the State of Georgia where our principal place of business is located, and the prevailing party shall be entitled to all reasonable attorneys' fees and all costs necessary to enforce the decision of the arbitrator.

Client name: _____ Signature: _____

Guardian Signature (if under 18 years of age): _____
Relationship: _____

Date: _____