

Medical & Health History

Date: _____ Name: _____ Birthdate: _____ (S)ingle (M)arried (D)ivorced (W)idow (M)nor: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Day Phone: _____ Night Phone: _____ Spouse/Parent Name: _____

If you could wave a magic wand, what is the one health complaint you'd fix?

Please rate any condition that applies to you NOW and in the PAST, using the following scale:

5 = Severe 4 = Strong 3 = Moderate 2 = Mild 1 = Weak 0 = Not Present |

• Start by going through and marking in the NOW column only the conditions that apply to you currently

• Then go back and respond in the PAST column to the ones you marked in the NOW column

4th Test	3rd Test	2nd Test	NOW	PAST	Condition	4th Test	3rd Test	2nd Test	NOW	PAST	Condition
					Acne						Crohn's Disease
					ADD / ADHD						Cystic Fibrosis
					Adrenal Hyper-function						Cystitis (interstitial)
					Adrenal Hypo-function						Cytomegalovirus (CMV)
					AIDS						Degenerative Joint Disease
					Alcoholism						Depression
					Alzheimer's Disease						Dermatitis
					Amenorrhea						Diabetes (type I)
					Anemia						Diabetes (type II)
					Angina Pectoris						Diarrhea
					Anxiety						Diverticulitis
					Appetite (excess)						Diverticulosis
					Appetite (reduced)						Dry Skin
					Arrhythmia						Duodenal Ulcer
					Arteriosclerosis						Dysmenorrhea
					Arthritis (osteo)						Dyspepsia (indigestion)
					Arthritis (rheumatoid)						Ear Infections
					Asthma						Eczema
					Atherosclerosis						Edema (fluid retention)
					Autism						Emphysema
					Bacterial Infection						Endometriosis
					Bad Breath (halitosis)						Epilepsy
					Bell's Palsy						Epstein Barr Virus (EBV)
					Benign Prostatic Hyperplasia						Feet Burning
					Biliary Insufficiency						Female Frigidity
					Biliary Stasis						Female Infertility
					Bipolar Disorder						Fibrocystic Breast Disease
					Bleeding Gums						Fibroids (uterine)
					Body Odor						Fibromyalgia
					Bone Spurs						Flatulence (gas)
					Bradycardia						Flu (influenza)
					Bronchitis						Fractures
					Bruxism (grinding teeth)						Fungal Infections
					Burns-1st, 2nd, 3rd degree						Gall Bladder Dysfunction
					Bursitis						Gall Stones
					Cancer						Gastric Ulcer
					Canker Sores						Genital-Urinary Infection
					Carbohydrate Sensitivity						GERD
					Cataracts						Glaucoma
					Cavities (dental caries)						Goiter
					Celiac Disease (sprue)						Gout
					Cervical Dysplasia						Gum Bleeding or Recession
					Chicken Pox						Headaches
					Cholesterol Low (HDL)						Heel Spurs
					Cholesterol Low (total)						Heavy Metal Toxicity
					Cholesterol High (LDL)						Hemochromatosis
					Cholesterol High (total)						Hemorrhoids
					Chronic Fatigue Syndrome						Hepatitis
					Circulation Reduced						Hiatal Hernia
					Cirrhosis						High Blood Pressure
					Cold Feet						High Blood Sugar
					Cold Hands						High Triglycerides

					Cold Sores (HSV-1)							Hives (urticaria)
					Colitis (mucous)							Homocystinuria
					Colitis (ulcerative)							Hot Flashes
					Common Cold							Hyperactivity
					Congestive Heart Failure							Hyperthyroid
					Constipation							Hypochlorhydria
					Coronary Artery Disease							Hypoglycemia
					Cramps, Menstrual							Hypothyroid
					Cramps, Muscle							Ileitis
4th Test	3rd Test	2nd Test	NOW	PAST	Condition	4th Test	3rd Test	2nd Test	NOW	PAST	Condition	
					Immune Depression							Nervousness
					Impotency							Night Blindness
					Incontinence							Osteoporosis
					Infection (bacterial)							Pancreatitis
					Infection (ear)							Parasthesia
					Infection (parasitic)							Parkinson's Disease
					Infection (prostate)							Peptic Ulcer
					Infection (respiratory)							Periodontal Disease
					Infection (sinus)							Phobias
					Infection (urinary)							PMS
					Infection (viral)							Pneumonia
					Infection (yeast or fungal)							Polycythemia
					Infertility							Pregnancy
					Inflammation (general)							Psoriasis
					Inflammation (vascular)							Purpura Simplex
					Influenza							Pyloric Valve Dysfunction
					Insomnia							Radiation Therapy
					Irritability							Reynaud's Disease
					Joint Pain							Ringworm
					Kidney Stones							Schizophrenia
					Lactose Intolerance							Sciatica
					Leukemia							Scleroderma
					Lymphoma							Seborrhea
					Liver Disease or Problems							Seizures
					Low Blood Pressure							Sex Drive Diminished
					Lung Problems							Shingles (herpes zoster)
					Lupus							Skin Rashes
					Lyme Disease							Stroke
					Macular Degeneration							Sunburn
					Manic Depressive Disorder							Surgery
					Measles							Syndrome-X
					Melanoma							Tachycardia
					Meniere's Disease							Tendonitis
					Menorrhagia							Thrombophlebitis
					Mercury Toxicity							Thrush (oral yeast/fungus)
					Migraine Headache							Tic Douloureux
					Mitral Valve Prolapse							Tinnitus (ringing in ear)
					Mononucleosis							Tuberculosis (TB)
					Multiple Sclerosis							Upset Stomach (indigestion)
					Mumps							Varicose Veins
					Muscular Dystrophy							Vertigo
					Myasthenia Gravis							Vitiligo
					Nausea							Wilson's Disease
					Nausea (during pregnancy)							

YES (x)	QUESTION	YES (x)	QUESTION
	Are you currently under a physician's care?		Do you have trouble falling asleep?
	Have you had a serious operation?		Do you have trouble staying asleep?
	Have you had a serious illness?		Do you awaken between 2-3 a.m.?
	Are you allergic to any medications?		Do you need to eat in order to fall back asleep?
	Do you have a pacemaker or artificial heart valve implant?		Is your mind racing then?
	Have you had surgery/radiation/chemo for cancer or other issue?		Do you feel rested and refreshed when you get up in the morning?
	Do you smoke tobacco?		Do you recall your dreams?
	Do you drink beer and/or wine?		Do you often have nightmares?
	Do you drink hard liquor?		Do you use sleeping pills to get to sleep?
	Are you currently pregnant?		Do you use melatonin to sleep?

Do you have Hormone Sensitive Cancer?	What time do you normally go to bed?
Are you currently taking mood elevators/anti-depressants?	What time do you get up in the morning?
Are you currently taking thyroid hormone?	When is your energy best during the day?
Are you taking other hormones?	When is your energy worst during the day?
Do you use "recreational drugs?"	Exceptionally stressed? If so, how long?
Is your energy good all day long?	How long has it been since you felt your best?
Have you traveled outside the U.S.?	If you have chronic pain, explain:
Do you have pets?	
Do you have root canals?	What is your heritage (German, English, Mexican, etc.)?
Do you have metal fillings?	
Have you had teeth extracted?	List prescription medications you are taking now:
Do you wear braces or a dental splint?	
Do you have TMJ (jaw), spine or neck pains?	
Have you had any head, neck or back injuries?	List over-the-counter drugs you take:
Have you been exposed to chemical toxins?	

METABOLIC CHAOS® SCORECARD (Adrenal Stress Indicators)													
NAME:					HEIGHT:			SEX:		MT:			
OCCUPATION:													
TEST	DATE	WEIGHT	AGE	What is your #1 Main Health Complaint? How often does this bother/affect you? How long has it been present?									
1st Test				What have you tried that has NOT worked? What does it prevent you from doing that you love to do?									
2nd Test				On a 1-10 scale, what is your level of commitment to getting well? Females Only - What is your menstrual status? Menstruating? Perimenopausal? Menopausal?									
3rd Test				Day of menstrual cycle saliva was collected for hormone testing?									
4th Test				MEDICATIONS			DATE			SUPPLEMENTS			
1				List any prescribed and/or over-the-counter medication(s) you are currently taking into the box on the left. Include the date you started taking the medication(s). List any supplements you are currently taking into the box on the right.							1		
2			2										
3			3										
4			4										
5			5										
6			6										
7			7										
8			8										
9			9										
10			10										
List your top five health complaints in the left column. Then, each time you fill out this self-screen, rate the intensity of your symptoms on a scale of 0 - 10 below. 0 = Gone, Not Present 1 = Very Weak, Hardly Present 5 = Average 10 = Most Intense, Unbearable													
COMPLAINTS				1st Test - Symptom Scores			2nd Test		3rd Test	4th Test			
4th Test	3rd Test	2nd Test	NOW	PAST	OVERALL TOTALS					Copyright © 2008-2018 Healthexcel & AFDNP, Inc.			
0	0	0	0	0	ENDOCRINE FUNCTION SUB-TOTAL								
0	0	0	0	0	NEURAL TISSUE HEALTH SUB-TOTAL								
0	0	0	0	0	MUSCULO-SKELETAL SUB-TOTAL								
0	0	0	0	0	CARBOHYDRATE SUB-TOTAL								
0	0	0	0	0	EICOSANOID MODULATION SUB-TOTAL								
0	0	0	0	0	DETOXIFICATION SUB-TOTAL								
0	0	0	0	0	FAT & PROTEIN SUB-TOTAL								
Hit "<Ctrl>Shift N" to SORT tables by "1st Test" column Ratings or Hit "<Ctrl>Shift S" to SORT tables by Symptoms													

Rate any condition that applies to you NOW and in the PAST using the following scale: 5 = Severe 4 = Strong 3 = Moderate 2 = Mild 1 = Weak 0 = Not Present
Start by going through and marking in the NOW column only the symptoms that apply to you currently. Then go back and respond in the Past column to the symptoms you marked in the NOW column. Rate your response in the PAST column based on how you felt when the symptoms were at their WORST.

KEY: Red numbers indicate worsening since last test. Green numbers indicate improvement.							
4th Test	3rd Test	2nd Test	NOW	PAST	ENDOCRINE FUNCTION	NOTES & COMMENTS	
					chronic illness		
					bruise easily		
					bright light/sunlight bothers me		
					asthma		
					cold often		
					crave salt		
					decreased ability to handle cold		
					diarrhea		
					diminished sex drive, low libido		
					dizzy or light-headed upon standing		
					dry skin		
					edema, fluid retention (around ankles, under eyes, etc.)		
					endometriosis		
					energy low		
					excessive facial or body hair		
					exercise exhausts, makes me feel worse		
					fatigue easily		
					fatigue not relieved by sleep		
					fibrocystic breasts		
					hair brittle		
					hair loss		
					hay fever		
					headaches		
					heart arrhythmia		
					heart palpitations		
					heartburn, reflux, or GERD		
					hot flashes		
					hyperthyroid (medically diagnosed)		
					hypothyroid (medically diagnosed)		
					impotence		
					increased effort to perform daily tasks		
					indigestion when stressed or tense		
					low blood pressure		
					low body temperature (below 98 degrees orally)		
					menstrual irregularities/problems		
					migraines		
					nails brittle, break easily		
					nausea		
					need my daily coffee, tea, or cola (caffeine)		
					need to wear sunglasses in bright sunlight		
					night sweats		
					no energy to exercise		
					often awake between 2-3 a.m. (not because I'm hungry)		
					oily skin		
					PMS (cramps, nausea, headaches, irritability, etc.)		
					rashes, dermatitis, itching skin, or hives often		
					sleepy, drowsy during the day		
					slow to get going in a.m. and/or like to sleep late		
					sodium retention (medically diagnosed)		
					spider veins		
					swelling or puffiness under eyes		

					tender breasts	
					thin or delicate skin	
					thyroid disorders (medically diagnosed)	
					tire easily, low stamina/endurance	
					tired/low energy, especially in afternoon	
					unable to get pregnant	
					unable to maintain pregnancy	
					urate frequently	
					uterine fibroids	
					vaginal dryness	
					wake up feeling tired or unrested	
0	0	0	0	0	ENDOCRINE SUB-TOTAL	
4th Test	3rd Test	2nd Test	NOW	PAST	NEURAL TISSUE HEALTH	NOTES & COMMENTS
					absentminded	
					ADD/ADHD	
					angry often	
					anxiety, anxiousness (can be for no apparent reason)	
					apathetic	
					avoid emotional confrontations or situations	
					best sleep often between 7 – 9 a.m.	
					can't think clearly	
					concentration difficult	
					decreased ability to handle stress or pressure	
					decreased tolerance of others	
					depression, sadness, melancholy	
					despair	
					emotionally stressed	
					fearful (can be for no apparent reason)	
					feel best in the evenings	
					feel overwhelmed often	
					feel unwell often	
					foggy thinking	
					forgetful	
					get confused often	
					hard to do tasks quickly	
					hard to get out of bed or get going in a.m.	
					hard to think or act quickly	
					have little control over how I spend my time	
					hopelessness feelings	
					inability to calm down	
					insomnia - hard to fall asleep	
					insomnia - wake up & can't go back to sleep	
					irritability	
					just don't feel right, not myself	
					lack drive, motivation	
					learning is difficult	
					less productive than in the past	
					loud noises bother	
					memorization difficult	
					memory poor	
					mentally stressed	
					mood swings, emotional ups and downs	
					must force myself to keep going	
					nervous breakdowns	
					nervousness	
					panic attacks	
					procrastinate often	
					shake or feel nervous under pressure	
					sleeping pills needed for sleep	
					spacey, hard to focus	
					startle easily	
					stress or pressure causes me to lie down and rest	
					suddenly run out of energy	
					fearful, could cry easily	
					thinking gets confused when under pressure	
					thinking not as clearly as in the past	
					thoughts too many, too rapid	
					timid, overly cautious	
					upset easily	
					work best late at night	
					worry	
0	0	0	0	0	NEURAL TISSUE SUB-TOTAL	
4th Test	3rd Test	2nd Test	NOW	PAST	MUSCULO-SKELETAL HEALTH	NOTES & COMMENTS
					arthritis, osteo	
					arthritis, rheumatoid	
					circulation poor	
					difficulty building muscle	
					losing muscle mass	
					low back pain	
					muscle weakness	
					osteopenia	
					osteoporosis	
					pain in jaw (TMJ)	
					pain in joints (not due to injury)	
					pain in low back area	
					pain in lower neck	
					pain in sciatica	
					pain in shoulders	
					pain in upper back	

						sprains or strains occur easily or often	
						stiffness or achiness, especially in morning	
0	0	0	0	0		MUSCULO-SKELETAL HEALTH SUB-TOTAL	
4th Test	3rd Test	2nd Test	NOW	PAST		CARBOHYDRATE METABOLISM	NOTES & COMMENTS
						alcohol intolerance	
						anger, irritability relieved by eating	
						craving for sweets	
						diabetes, Type I	
						diabetes, Type II	
						excessive hunger	
						feel faint often	
						feel weak	
						hyperglycemia-high blood sugar	
						hypoglycemia-low blood sugar	
						insulin resistance	
						light-headed often	
						nausea, eating relieves	
						often awake between 2-3 a.m. and need to eat something	
						shakiness, nervousness relieved by eating	
0	0	0	0	0		CARBOHYDRATE METABOLISM SUB-TOTAL	
4th Test	3rd Test	2nd Test	NOW	PAST		EICOSANOID MODULATION	NOTES & COMMENTS
						allergies - food	
						allergies - other inhalants	
						allergies - seasonal (hay fever)	
						allergies are worsening (severity, frequency, or to more things)	
						autoimmune diseases-ALS	
						autoimmune diseases-Crohn's	
						autoimmune diseases-Graves'	
						autoimmune diseases-Hashimoto's	
						autoimmune diseases-Lupus	
						autoimmune diseases-MS	
						autoimmune diseases-Other	
						bacterial infections	
						cancer	
						cardiovascular disease	
						catch colds easily	
						CFS-chronic fatigue syndrome	
						chemical sensitivities	
						coughs or colds usually last for several weeks	
						environmentally sensitive, reactive	
						food intolerances, reactivities, or allergies	
						fungal infections	
						get sick easily or often	
						gum infections (gingivitis)	
						headaches	
						immune deficiency	
						inflammation (not due to injury)	
						often get colds or flu	
						pain (not due to injury)	
						parasite infections	
						sensitive to odors, flowers, or chemicals	
						sick more often, takes longer to get well	
						sinus problems	
						tooth infections (pyorrhea)	
						urinary tract infections	
						viral infections (cmv)	
						viral infections (ebv)	
						viral infections (herpes)	
						yeast infections (candida)	
0	0	0	0	0		EICOSANOID MODULATION SUB-TOTAL	
4th Test	3rd Test	2nd Test	NOW	PAST		DETOXIFICATION CAPACITY	NOTES & COMMENTS
						acne	
						alternating constipation and diarrhea	
						aversion to certain foods	
						bloating	
						burping or belching	
						constipation (b.m. less than once a day)	
						dark circles under eyes	
						diarrhea	
						exposure to environmental toxins	
						heavy metal accumulation	
						intestinal gas	
						irritable bowel	
						kidney disorders	
						leaky gut	
						liver disorders	
						loss of appetite	
						lung disorders	
						often have nightmares	
						rashes, hives often	
						skin problems, bad skin, bad coloring	
						strong body odor	
						sweat burns my skin	
0	0	0	0	0		DETOXIFICATION CAPACITY SUB-TOTAL	
4th Test	3rd Test	2nd Test	NOW	PAST		FAT & PROTEIN METABOLISM	NOTES & COMMENTS
						digestive disorders	
						mucosal surface integrity problems	
						slow healing	
						sweat has an ammonia odor	
						unable to lose weight	
						weight gain - waist, hips, thighs	
						weight loss	
0	0	0	0	0		FAT & PROTEIN METABOLISM SUB-TOTAL	

Adrenal Stress Causes (ASC)

4th Test	3rd Test	2nd Test	NOW	PAST		
0	0	0	0	0	ADRENAL CAUSES TOTALS	Copyright © 2008 Healthexcel & Functional Diagnostic Nutrition
4th Test	3rd Test	2nd Test	NOW	PAST	MENTAL / EMOTIONAL SUB-TOTAL	
0	0	0	0	0		
4th Test	3rd Test	2nd Test	NOW	PAST	ENVIRONMENTAL SUB-TOTAL	
0	0	0	0	0		
4th Test	3rd Test	2nd Test	NOW	PAST	LIFESTYLE SUB-TOTAL	
0	0	0	0	0		
4th Test	3rd Test	2nd Test	NOW	PAST	METABOLISM SUB-TOTAL	
0	0	0	0	0		

Hit "<Ctrl>Shift X" to SORT tables by NOW column
Hit "<Ctrl>Shift Y" to SORT tables by Symptoms

Please rate any condition that applies to you NOW and in the PAST, using the following scale:

5 = Severe 4 = Strong 3 = Moderate 2 = Mild 1 = Weak 0 = Not Present

- Start by going through and marking in the NOW column only the symptoms that apply to you currently
- Then go back and respond in the PAST column to the symptoms you marked in the NOW column
- Rate your response in the PAST column based on how you felt when the symptoms were at their WORST

KEY: Red numbers indicate worsening since last test. Green numbers indicate improvement.

4th Test	3rd Test	2nd Test	NOW	PAST		
					MENTAL / EMOTIONAL	NOTES & COMMENTS
					acute stress or crisis	
					anger often	
					anxiety often	
					autism	
					bi-polar disorder	
					chronic, unrelenting stress	
					depression often	
					despair or hopeless often	
					don't take enough time for myself	
					experienced long periods of stress that affected my well-being	
					experienced one or more stressful events or traumas that affected my well-being	
					fearful often	
					financial stresses prevalent	
					grief feelings often	
					guilt feelings often	
					impatience often	
					irritable often	
					mental strain for prolonged period(s)	
					nervous often	
					no or too little down time	
					often exercise to exhaustion	
					often work until I'm exhausted	
					overwork, work long hours	
					panic attacks	
					post traumatic distress syndrome	
					push too hard until exhaustion	
					relationship conflict or stress (family, work, romantic, friendship, marriage, etc.)	
					sad often, no apparent reason	
					type "A" personality	
					went through a major mental or emotional trauma in last 5 years (death in family, divorce, lost job, lost home, moved, etc.)	
					work stress (unhappy, boss problems, co-worker disputes, deadline pressures, etc.)	
					work too much, I'm a workaholic	
					worry about things too much (money, future, relationships, kids, world affairs, health, etc.)	
0	0	0	0	0	MENTAL / EMOTIONAL	
4th Test	3rd Test	2nd Test	NOW	PAST	ENVIRONMENTAL	NOTES & COMMENTS
					air pollution exposure	
					chemical exposures	
					electromagnetic fields (computers, etc.)	
					geo-physical stressors	
					heavy metal accumulation in hair	
					metal fillings in teeth	
					mold exposure at work or home	
					noise pollution	
					non-organic foods	
					processed foods and drink	
					radiation (airplanes, computers, x-rays)	
					root canals in teeth	
					smoking or second hand smoke exposure	
					toxic exposures in air (smog)	
					water pollution	
					wear a dental splint on teeth	
					wear braces on teeth	
0	0	0	0	0	ENVIRONMENTAL	
4th Test	3rd Test	2nd Test	NOW	PAST	LIFESTYLE	NOTES & COMMENTS
					dieting (calorie restriction)	
					excessive exercise	
					lack of exercise	
					late hours (not in bed before 10 p.m.)	
					light cycle disruption ("grave yard" shift)	
					long work commutes	
					overscheduled life	
					overwork (physical strain)	
					physical injury, trauma, accident	
					poor diet	
					serious falls or blows to the head	
					sleep deprivation - insufficient quality or duration (less than 8 hours per night)	
					surgery	
					temperature extremes	
					too much to do, not enough time	
					whiplash	
0	0	0	0	0	LIFESTYLE	

4th Test	3rd Test	2nd Test	NOW	PAST	METABOLISM	NOTES & COMMENTS
					acute infections	
					alcohol abuse	
					antibiotic use often	
					bacterial infections	
					bacterial infections-bacteroides fragilis	
					bacterial infections-clostridium perfringens	
					bacterial infections-E. coli	
					bacterial infections-E. enterococcus	
					bacterial infections-helicobacter pylori	
					birth control pills	
					caffeine abuse	
					candidiasis, candida overgrowth	
					chronic fatigue (CFS)	
					chronic illness	
					chronic indigestion	
					chronic infections	
					chronic inflammation	
					chronic pain	
					colitis, mucous	
					colitis, ulcerative	
					diagnosed degenerative condition/disease	
					drug abuse	
					environmental sensitivities	
					food allergies, reactivities, sensitivities	
					fungal infections	
					gingivitis	
					gluten intolerance	
					GSE – Gluten Sensitive Enteropathy	
					GSE-celiac disease, sprue	
					GSE-dermatitis herpetiformis	
					hyperthyroid	
					hypothyroid	
					inhalant allergies	
					injury to head, neck, or back	
					insulin resistance	
					kidney problems	
					lactose intolerance	
					liver toxicity or other problems	
					low blood sugar (hypoglycemia)	
					lung or respiratory problems	
					mal-absorption	
					mal-digestion	
					nutritional deficiencies	
					oxidative stress - high free radicals revealed in lab tests	
					parasites protozoa, flatworms, roundworms	
					parasites-cryptosporidium parvum	
					parasites-entamoeba histolytica	
					parasites-giardia lamblia	
					parasites-toxoplasma gondii	
					protein digestion insufficiency	
					pyorrhea	
					structural problems, misalignments	
					sucrose intolerance	
					TMJ stress	
					viral infections (ebv, cmv, herpes)	
					yeast infections	
0	0	0	0	0	METABOLISM	

Terms of Service Agreement

Introduction

It is common practice for naturopaths, nutritionists and other non-licensed practitioners to collect your signature on a form such as this. By doing so you acknowledge and accept that we:

- are not medically qualified;
- are not a substitute for advice from a qualified doctor;
- recommend that you consult your doctor before making any changes to your diet or exercise regime or taking any dietary supplement;
- do not warrant the accuracy of any information provided;
- are not liable for any losses you may suffer by relying on our advice;
- do not recommend any particular product;
- are not a covered entity or a business associate of a covered entity under HIPAA.

By your signature below, and/or by instructing us to provide advice and services to you, you indicate your agreement to these terms.

What we do and do not do

We obtain a set of laboratory test results from a [California Certified Laboratory in the United States] and provide you with a nutritional interpretation of those test results that you can use exclusively as an educational tool for personal health purposes.

Your doctor may use the same test results to diagnose and treat disease, but we do not do this. The information we provide is not intended to, cannot, and should not be expected to be a substitute for a personal consultation with your own qualified doctor. We do not accept any liability for any failure to identify any medical condition or disease; this is not the purpose of our services.

We may provide you with information relating to products that we believe might benefit you, but such information is not to be taken as an endorsement or recommendation. Some such products may not be available without a prescription, but we do not dispense or prescribe any prescription products. The information provided is intended for educational purposes only and should not be taken as professional medical advice or used as a substitute for medical care. We are not responsible for any adverse affects or consequences that may result, either directly or indirectly, from that information.

We will make reasonable effort to protect the privacy of your medical information that is shared with us, including any medical test results. However, that information is not protected by doctor-patient confidentiality nor is it governed by HIPAA.

Consult your doctor

We are not qualified medical advisors and make no claims to be so. The information we provide should not be taken to be, and is not a substitute for, personal medical advice and instruction. You should not take any action based solely on our advice.

You should consult your doctor:

- for any medical interpretation of your test results;
- on any matter relating to your health and well-being;
- before making any changes to your exercise or diet;
- before taking any nutritional, herbal, homeopathic or hormonal supplementation;
- before beginning any therapy.

Exclusion of warranties

We will provide our services to you with reasonable care and skill. But we make no other warranty, express or implied, with respect to those services. All other warranties are excluded to the maximum extent permitted by law.

We make no warranty as to the accuracy of the laboratory test results we receive.

We make no warranty, expressed or implied, as to the quality or effectiveness of any diagnosis, apparatus, treatment or product. In no event will we be liable for any physical or mental injury, or any negative side effects, that may arise from the use of any such diagnosis, apparatus, treatment or product.

We believe that the information we provide, including that on our web sites, brochures, flyers and information packets, is accurate, but we cannot guarantee such accuracy. We therefore make no warranty as to the accuracy of that information, and it should not be relied upon as being correct, complete or accurate. It is your responsibility to verify such matters independently from primary sources of information and by taking specific professional advice.

Exclusion of liability

If you rely on, buy or use a product or therapy, you do so at your own risk. Each person is different, and the way someone reacts to a product or therapy may be significantly different from another. We cannot predict how you may react to any particular product or therapy.

To the maximum extent permitted by law, we exclude:

- any and all liability in contract, tort (including negligence), breach of statutory duty or otherwise for any direct, indirect, special, incidental, or consequential costs, losses, claims, damages, expenses or proceedings (including but not limited to loss of profits and wasted management time) incurred or suffered by you arising directly or indirectly out of or in connection with our services, including but not limited to any loss, damage or expense arising from any defect, error, imperfection, fault, mistake or inaccuracy with the information or advice we provide;
- any and all liability for injury or loss arising out of the use of, or reliance on, the laboratory results and/or the dietary, supplement and lifestyle suggestions we may provide;
- any and all liability for injury or loss arising from any product or treatment you may choose to take;
- any and all liability for any failure to identify any medical condition or disease. You understand and agree that this is not the purpose of our services.

This is a comprehensive limitation of liability that applies to all damages of any kind, including (without limitation) compensatory, direct, indirect or consequential damages, loss of data, income or profit, loss of or damage to property and claims of third parties.

No recommendation

All material and information we may provide about products and therapies is provided solely for educational purposes and for use when discussing your health with your doctor. By providing you with such material and information, we do not necessarily endorse, recommend or promote any such product or therapy.

Signature

I have read and understood the above and I agree to it.

Signature

Date

Print Name (If sending via mail or scanning and emailing document)

Entering/typing name in the signature field above constitutes signing the document, confirming the signer agrees to the terms and conditions stated.