



ADVANCED HEALTH SERVICES, LLC

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GENERAL CONSENT FORM

Read attentively before signing.

I fully understand that Advanced Health Services, LLC among other functions is an alternative/preventative medicine practice that performs Comprehensive Holistic Evaluation, consisting of Health Analysis of Bio-energy, Nutritional / Bio-Chemical Evaluation, Psycho-Emotional / Lifestyle Assessment, as well as Healing services that differ from the traditional medical diagnostics or treatment.

I recognize that the Holistic Evaluation and Healing services are established methods that have not been approved or rejected by the Medical board or FDA and are not expected to be paid by health insurance or Medicare. I acknowledge that I am responsible for the financial coverage of the non-refundable services.

I authorize Wellness Practitioner(s) to perform Comprehensive Holistic Evaluation of my Sub-Health condition, Healing Services and development of Individual Rejuvenation Program.

I acknowledge that the Essential findings of the Evaluation are based on what is revealed to the practitioners at the time of assessment. The conclusions of the practitioners regarding the pt's/client's sub-health conditions are based on their knowledge, skills and understanding of the matter. After the evaluation procedure, an interdisciplinary healing team conference will be held where findings and test results are entitled to be discussed between the practitioners of the Advanced Health Services, LLC. The recommended healing plan will be presented to me based on the summery of the essential findings.

In the event that I have any questions or concerns regarding the essential findings or healing services offered by the practitioners of Advanced Health Services, LLC, I am encouraged to consult my family physician and undergo any other tests that he/she finds necessary. If the copies of additional diagnostic tests are needed, the practitioners of Advanced Health Services, LLC are authorized to contact me or my primary physician.

I acknowledge that the Comprehensive Holistic Evaluation, Healing Services and Holistic Rejuvenation Program are not diagnosis or cure of the disease. I reserve the right to use the knowledge I gain through the practitioners of Advanced Health Services, LLC in the care of myself from the physical, nutritional, spiritual, psycho-emotional and bio-energetic aspects.

I hereby attest and affirm that I am here as a client/student, on this and any subsequent consultation of my own free will and solely on my own behalf. I shall never suggest any part of my individual Holistic Health Program to any other person.

I understand all of the above written information that I have personally read, have been read to or have been translated to. I proceed with the Comprehensive Holistic Evaluation, Healing Services and Holistic Rejuvenation Program voluntarily and do not hold the practitioner(s) of Advanced Health Services, LLC liable for the lack of improvement or deterioration of my sub-health condition.

DATE: ___/___/___

CLIENT/STUDENT SIGNATURE X _____

PRINT NAME: _____

LEGAL GUARDIAN OR SPOUSE SIGNATURE X _____