

Jeri Evans Nutrition, Inc.
Intuitive Release Therapy Questionnaire

PLEASE PRINT USING BLACK OR BLUE INK ONLY

Name: _____ Sex: **M F** Birth date: ___/___/___

Address: _____ City: _____ Zip: _____

Phones (please list a "good" number:) ___/___/___ ___/___/___ Email: _____

Occupation _____ Emergency Notification _____

Height _____ Weight _____ Drivers Lic # _____ Exp Date ___/___/___

Physician or Healthcare Provider Name: _____ Ph: _____

Please circle all that apply. Feel free to discuss with your therapist, if you have any questions.

Have you been drinking 64oz of water? **Y N** *If No,* How much do you drink? _____

Are you sleeping 8 hours? **Y N** *If No,* What time do you wake up? _____ How Often? _____

Can you lie down? **Y N** *If No,* Can you sit for the session? **Y N**

Are you meditating? **Y N** *If Yes,* How often? _____

Please check all that apply.

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> depressed | <input type="checkbox"/> head traumas | <input type="checkbox"/> regular headaches | <input type="checkbox"/> feel desperate |
| <input type="checkbox"/> anxious | <input type="checkbox"/> want change | <input type="checkbox"/> feel stuck | <input type="checkbox"/> want emotional growth |
| <input type="checkbox"/> want spiritual growth | <input type="checkbox"/> obsessive | <input type="checkbox"/> get sick often | <input type="checkbox"/> obstacles keep reoccurring |
| <input type="checkbox"/> are you dreaming | <input type="checkbox"/> sensitive | <input type="checkbox"/> have premonitions | <input type="checkbox"/> boundary issues |
| <input type="checkbox"/> lack of feeling | <input type="checkbox"/> fearful | <input type="checkbox"/> angry | <input type="checkbox"/> are you usually happy |

If you are currently being treated for a specific condition (s) please list: _____

List all medications and supplements that you take regularly (including over-the-counter):

Have you ever had major surgery (include dates): _____

Number of bowel movements (on average) per day? _____ Do you need to strain? **Y N Somewhat**

What would you like to receive from this session? _____

How did you learn of our services? _____

Signature of client:

Signature of Guardian if applicable:

_____ Date: _____

_____ Date: _____

JERI EVANS NUTRITION, INC.

NOTICE OF PRIVACY PRACTICES

Pg. 1

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Jeri Evans Nutrition, Inc. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our Clients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Nutrition or Therapy

We may disclose your health information to other healthcare professionals within our practice for the purpose of Therapy, payment or healthcare operations.

Payment

Jeri Evans Nutrition, Inc. is not a licensed medical doctor, and does not practice medicine, does not treat specific diseases or medical condition. Services rendered are not covered by insurance providers for purpose of payment. The office does accept Checks, Cash, Visa, or Master Card as payment for services rendered.

As a courtesy, we will submit an itemized billing statement to you for the purpose of payment to Jeri Evans Nutrition, Inc. for Nutrition & or Therapy services rendered. The billing statement contains no medical information, and there are no codes for billing purposes.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

JERI EVANS NUTRITION, INC.

NOTICE OF PRIVACY PRACTICES

Pg. 2

Judicial and Administrative Proceedings.

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement.

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons.

We may disclose your health information to coroners or medical examiners.

Organ Donation.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research.

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing.

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

“As a courtesy to our clients, it is our policy to call you prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office to confirm your appointment.”

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Jeri Evans Nutrition, Inc. sponsored fund-raising events.”

JERI EVANS NUTRITION, INC.

NOTICE OF PRIVACY PRACTICES

Change of Ownership.

In the event that Jeri Evans Nutrition, Inc. is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Jeri Evans Nutrition, Inc. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Jeri Evans Nutrition, Inc. amend your protected health information. Please be advised, however, that Jeri Evans Nutrition, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Jeri Evans Nutrition, Inc.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Jeri Evans Nutrition, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Jeri Evans Nutrition, Inc. is required by law to comply with this Notice.

Jeri Evans Nutrition, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact: Jeri Evans by calling 626.963.6627. If Jeri Evans is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

**JERI EVANS NUTRITION, INC.
NOTICE OF PRIVACY PRACTICES**

Complaints

Complaints about your Privacy rights, or how Jeri Evans Nutrition, Inc. has handled your health information should be directed to Jeri Evans by calling this office at 626.963.6627. If Jeri Evans is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of **01 / 01 / 2005**

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Jeri Evans Nutrition, Inc. with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Client's Name (print)

Client's Signature



Authorized FaciliEntity Signature

Date

06 / 01 / 05

Date

The Business and Professions Code of the State of California

The following is Pursuant to State of California Senate Bill 577 Section 2053.6

***** All clients must read, understand and sign this disclosure *****

I The Nutrition Services and Intuitive Release Therapy provided by Jeri Evans Nutrition, Inc. do comply with **Section 2053.6** and **2053.5** of the Business and Professions Code of the State of California. In compliance with this code, one must be advised:

A There are NO licensed physicians in the office connected with Jeri Evans Nutrition, Inc. and the individuals performing Nutrition Consultation and/or Intuitive Release Therapy are not physicians.

This means and implies that he/she cannot and will not:

- Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
- Administer or prescribe X-Ray or radiation to another person.
- Prescribe or administer legal drugs or controlled substances to another person.
- Recommend the discontinuance of legal drugs or controlled substance prescribed by an appropriately licensed practitioner.
- Willfully diagnose & treat physical or mental condition of any person under circumstance or condition that cause or create a risk of great bodily harm, serious physical /mental illness, or death.
- Set fractures or Treat lacerations or abrasions through electrotherapy.
- Hold out, state, indicate, advertise to a client or prospective client that he/she is a physician/surgeon.

B Nutrition Consultation and Intuitive Release Therapy are alternative or complimentary to the healing arts services.

C The therapist that provides the service of Nutrition Consultation and Intuitive Release Therapy is not licensed by State of California

D All services provided by Jeri Evans Nutrition, Inc. have never been in any clinical or medical trials or studies to prove the therapies either beneficial or harmful.

II Jeri Evans's Education:

- Bachelor of Science Degree in Foods and Nutrition
- Practitioner of Past Life Therapy
- Board Certified Colon Hydrotherapist
- Certificate from the Institute of PSI Biotics

III Description of Services:

A Nutrition & Weight Management may include the following:

- Review of past and current food plans
- Discussion of nutritional deficiencies
- Reviewing client signs, symptoms, metabolism from the health histories, forms and current status
- Discussion of laboratory tests
- Discussion of diet plans
- Discuss and review supplement list
- Weight, height and body measurements
- A nutrition session may last from 15 minutes to 2 hours

B The Theory of Nutrition:

There are many reasons for poor health and weight gain. Common reasons are: genetic factors, poor eating habits, lack of exercise, medications, and an over-stressed lifestyle. Underweight or overweight conditions can also be affected by abnormal adrenal levels, parasitic infestation, heavy metal burden, yeast or bacterial overgrowth, and food allergies. These conditions may set up a toxic environment and slow down the metabolism. Jeri Evans Nutrition, Inc. provides services to reach optimal health and weight management goals through various scientific tests and diet plans.

C Intuitive Release Therapy:

The client and therapist relax into a meditative state by breathing and utilizing visualization techniques. Jeri Evans is an Empath, Medium and Clairvoyant. All three modalities are incorporated into the session. Each session is 30 minutes.

I acknowledge that I have read the above disclosure and have been given a copy of this document. The information was provided to me in a language I can read and understand. Any questions should be asked at the time of the first visit. For further explanation of services, I will read the pamphlets provided or access Jeri Evans Nutrition, Inc. website, www.jerievansnutrition.com.

Client Signature _____ Date ____/____/____

I understand that as a condition of any agreement to provide services to me, I agree to waive any and all claims, causes of action and lawsuits that I may have, believe that I have, now or at any future date against Jeri Evans or Jeri Evans Nutrition, Inc. for services already provided or to be provided in the future, for any amount in excess of the fee that I have paid for such services.

Client Name (Print) _____

Client Signature _____ Date ____/____/____