PLEASE LIST BELOW YOUR FOUR MAIN HEALTH CONCERNS IN ORDER OF IMPORTANCE:

1.

2.

3.

4.

PLEASE FILL IN BELOW:

Name: Phone No:

Address: City: State: Zip:

Birthdate: Weight: Height: Gender: Male / Female

Email Address (Print Legibly): Occupation:

History of Illnesses and Treatments:

Operations, Accidents or Injuries:

Present Diagnosed Illnesses:

List any Family History of Illness or Disease:

List any Medications or Supplements you are Presently Taking:

Client Signature Date

Technician Signature Date

DISCLAIMER

The QEST4 system provides a completely non-invasive method for gaining valuable information about an individual's Innate Intelligence and/or energetic field. The primary objective of the evaluation is to disclose energetic imbalances and provide feedback that will assist in developing a program to support each physical and energetic system of the body.

- I understand that the QEST4 evaluation does not provide a medical diagnosis and that my testing technician may recommend further medical care and testing. If I suspect I need medical intervention, I understand I should consult MY physician. I give my permission for the testing technician to evaluate me with the QEST4. I understand in doing so, my testing technician is NOT becoming my primary physician. I understand that the testing technician will give me information about my body's energetic field and make recommendations based on the QEST4 evaluation. I understand that the testing technician will not pass judgments on prescribed medications and it is the responsibility of my primary physician to make any adjustments to prescribed medications or methods of treatment. Any decision to follow through with the recommended protocol is my own decision and I will not hold the testing technician liable.
- 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 supporting my well-being.
- I understand that I should continue to see any physicians I may be currently under the care of and that any prescribed medications should not be altered without first consulting the physician who prescribed them.
- I fully understand that those who counsel me may not be licensed physicians. I am not seeking any medical diagnosis or medical treatment in relation to the QEST4 evaluation.
- I fully understand that information about traditional uses of supplementation that may support balance may be discussed. I fully understand that this information is not intended to be interpreted or used as a substitute for medical care offered by a licensed physician. I fully understand that anything said, done, typed, printed, or presented in any other fashion to me is not intended to diagnose, prescribe, treat, or take the place of a licensed physician.
- I fully understand that the intent is to provide educational information for the purpose of assisting me with the lifestyle changes necessary to regain and maintain an environment needed to support a well-balanced lifestyle.
- 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 may only be released to a health professional with my written consent.
- I understand that the QEST4 evaluation will only identify energetic imbalances and does not diagnose any diseases. The Balancing Item refers to the energetic signatures needed to restore balance to body's energetic field. Balancing Items are defined differently from physician terms and are not a cure for any disease.
- I recognize that the QEST4 evaluation is an unorthodox approach to supporting my well-being. Being of sound mind, of my own free will and in exercise of my constitutional right for the attainment of life, liberty and the pursuit of happiness, I have chosen this evaluation method to assist in balancing my health.

_____ _____

Client Signature Date

_____ _____

Guardian Signature (if under 18 years of age) Relationship