

Balancing Appointment – choose one of the following:

Full Body Balance – 60 min - \$90
- Full body evaluation

Core Body Balance – 30 min - \$45
- Specified point evaluation - (Not recommended for complex medical conditions)

Rebalance appointments
15 minutes \$15 30 minutes \$30

Please take a moment to read:

To offer you the most effective and informational appointment please complete the following prior to your appointment

- ✓ *Have your paperwork completed and returned five days prior to your appointment. If intake is not received prior to appointment day, the appointment must be rescheduled.*
- ✓ *Do not take any supplements the morning of your appointment.*
- ✓ *Take prescription medication as directed by your physician.*
- ✓ *Bring any supplements with you that you wish to be tested.*
- ✓ *Plan to be here for approximately 90 minutes for your Full Body Balance, and 45 minutes for your Core Body Balance.*
- ✓ *Should you need to cancel, we require a 24 hour notice.*

For optimum treatment we ask that the individual being treated be the only one in the room along with our staff. If you have small children, please be prepared to bring an adult to stay with them during your appointment time.

On behalf of Elementals, we look forward to meeting with you!



CLIENT INTAKE FORM

5411 State Road 50, Delavan WI 53115

Phone: (262) 740-3000 x 21

FAX: (262) 740- 3001

www.elementalshealthfood.com

Personal Information Please print legibly. Your intake form needs to be submitted 5 days prior to your appointment to ensure timely process. If intake is not received prior to appointment day, the appointment must be rescheduled.

Date _____
 Patient Name _____
 Address: _____

 City _____ State _____ Zip _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 FAX: _____
 Email address: _____
 Best way to contact you? _____

Date of Birth _____
 Age _____ Sex _____
 Weight _____ Height _____
 Known Drug Allergies _____

 Blood Type _____
Elementals does not accept Insurance and is not a Medicare provider.
Have you scheduled an appointment?
 When: _____
 Where: _____

Primary Care Physician _____ Phone: _____
 Address _____

Vaccination History:

Last Flu Shot _____ Last Pneumonia Shot _____
 Typhoid Y /N _____
 Recent Travel Overseas: Y /N If yes, what country: _____

Any history of mental illness? Y/N If yes, explain: _____

Have you tested positive for any communicable disease? Y /N _____

Have you ever had the following?

- Arthritis
- Heart Disease
- Blood Clots
- Cancer
- Lung Disease
- Circulatory Issues
- Diabetes
- Stroke
- Barrett's Esophagus

Other: _____

If Elementals Living does not receive 24 hour notification of a cancellation, charges will be applied.

Client Signature _____ Date _____

FOR OFFICE USE

Appointment Date: _____ With: _____ Reviewed: _____

How Balancing works:

Balancing through muscle testing is a natural way to help strengthen your body. It is simply the science of using the body's electromagnetic field to determine which areas of the body are weak and which are strong.

The human body is made up of intricate, intelligent organs that all support one another. The body was created to know exactly how to function properly together providing that it receives the proper maintenance.

There is a positive and negative exchange of minerals in the nervous system that causes a weak or strong sensation in the muscles. When the electromagnetic field is impaired by low metabolic energy this leaves the body with altered spinal skeletal balance and weakened muscles. Science proves that this electromagnetic field of the nervous system is even more sensitive than the body's ability to sense heat or cold.

Sometimes we feel weakness in a particular area of the body, other times we have general symptoms such as being fatigued, unable to cope, lack of concentration, digestion problems, weight issues, low libido, etc. Too often these symptoms have been categorized into stress! The quick fix today seems to be an antidepressant. Before we band-aid the situation, we must first listen to what our body is telling us!

When balancing takes place a magnet is placed over organs of the body which opens the electromagnetic field. At the same time, while the person is lying down on his/her back, strong or weak energy fields can be detected by slightly turning and lifting of the feet. If both feet are "in line", the organs are showing a strong, balanced response. If there is a "weakened" or "overloaded" response a noticeable lifting of a foot will take place. This is the body's energy field displaying what areas of the body need attention.

Nutritional supplements are then placed over the organ that is weakened along with the magnet, and the feet are once again checked to see if that strengthens the energy field of the body's organs. Many times other items such as food, essential oils, and homeopathics are checked on clients as well as the supplements to see exactly what enhances the body's electromagnetic field the best.

Balancing will help you provide your body with individualized supplementation and help you support your body's needs to aid in your natural healing process.



**CLIENT BILL OF RIGHTS
GENERAL CONSENT TO CARE**

Telephone: 262 740 3000 x 21

Fax: 262 740 3001

www.elementalshealthfood.com

Elementals is dedicated to quality client care. We understand the importance of clients and providers sharing responsibilities in achieving the best possible health care.

Client's Rights

- Courteous, considerate and respectful treatment at all times.
- Candid discussions of appropriate or necessary treatment options for your conditions.
- Information about where and how to seek care, and the possible risks involved in treatment.
- Timely response to requests for services, inquiries and complaints.
- Second opinion when medically appropriate.
- Privacy and confidentiality regarding your health conditions.
- Recognition of your rights to make decisions regarding your medical care.

Client's Responsibilities

We ask that you:

- Provide professional staff with all pertinent health care information needed to ensure the best possible outcome.
- Communicate when you have questions or concerns about your health care.
- Adhere to instructions and guidelines given for health care services.
- Cooperate with health care professionals providing service to you, except in those instances when you have exercised your right to refuse service.
- Be aware of your health benefits and services and how to correctly obtain them.

General Consent to Care

I the undersigned, hereby consent to one of the following treatments, by the staff of Elementals Health Food Store. If client is a minor under the age of 18, a parent or legal guardian must sign this agreement.

- Balancing
- Nutritional Consultation
- Diet Consultation

Billing Policy

Elementals does not accept insurance. It is our policy that clients pay for all services at the time of your scheduled appointment. *A credit card number or pre-payment in the amount of your appointment fee is required to reserve a client's first appointment. Charges will be placed on the card only if one fails to appear for the appointment or if Elementals does not receive 24 hour notification of a cancellation.* Credit cards accepted are Discover, Master Card, Visa and AMEX. Personal checks are also accepted. A \$30.00 fee will be added to any returned checks.

Financial Responsibility

I understand that I am financially responsible to Elementals Health Food Store and I expressly promise and agree to pay Elementals Health Food Store for all such charges with regard to services rendered.

Disclosure of Information

All of the treatment recommendations are based solely on the information that the client has provided. I am disclosing accurate information on all medications, supplements and recreational drugs I am currently taking. I understand the information is needed in order to provide accurate treatment recommendations.

Client Signature: _____ **Date:** _____

If client is a minor under the age of 18, a parent or legal guardian must sign this.

Signature of Client/Guardian _____
Relationship _____



BALANCE INTAKE FORM
CLIENT ASSESSMENT
5411 State Road 50
Delavan, Wisconsin 53115
Telephone: 262 740 3000 x 21
Fax: 262 740 3001
www.elementalshealthfood.com

Name: _____

Please list the 3 major health concerns in your order of importance:

- 1) _____
- 2) _____
- 3) _____

Pregnant? Yes No
How many alcoholic beverages do you consume per day _____ per week? _____
How many caffeinated beverages do you consumer per day? _____ per week? _____
Do you smoke? _____ If yes, how many per day _____ per week _____
Rate your stress levels on a scale of 1-10 during the average week _____
When was your last medical physical _____

List Major Surgeries / Hospitalization / Current Treatments: _____

Indicate any Food Allergies _____

List any medications/dosages you currently take and for what conditions. Including over the counter drugs. **(Very important to have the correct spelling and dosage)**

Medication	Dosage	Reason Taking

List any supplements you currently take and for what conditions

Supplement	Dosage	Reason Taking

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