

Instructions:

1. Fill Out All Three Forms Below:
 - a. Confidential Patient Symptom Profile
 - b. NATUROPATH TREATMENT ACKNOWLEDGEMENT AND AGREEMENT
 - c. Credit Card Authorization Form

2. Mail or Fax the Forms to Dr. Strande
 - a. Mailing Address
Simply Healing Clinic
720 Wilshire Blvd
Suite 205
Santa Monica, CA 90401
 - b. Dr. Strande has 2 Fax Numbers
310-907-4428

310-907-3524

3. Any questions call Simply Healing Clinic
310-907-4424 or EMail info@simplyhealingclinic.com

CONFIDENTIAL PATIENT SYMPTOM PROFILE

Name _____ Date _____

Address _____

Age _____ Date of Birth _____ Male/Female _____

Occupation _____ Children (Ages) _____

Previous Illnesses _____

Current Medications and/or Treatments (include the specific condition being treated)

Family History (circle if yes): Heart Disease Diabetes Cancer Obesity

Alcohol/Drug Addiction Mental or Emotional Problems

Other _____

Do you get cold hands and/or feet (circle)? Often Sometimes Never

Please Circle One

- Do you find it difficult to sustain concentration or forget things easily? Often Sometimes Never
- Do you get weepy, depressed and find it hard to motivate yourself? Often Sometimes Never
- Do you get anxious, panicky or shaky inside? Often Sometimes Never
- Do you become impatient, irritable or aggressive too easily? Often Sometimes Never
- Do you crave sugar or sugary products? Often Sometimes Never
- Do you sigh and yawn a lot? Often Sometimes Never
- Do you suffer sharp shooting pains in the body? Often Sometimes Never
- Do you experience twitching of the face or eye muscle? Often Sometimes Never
- Do you experience any heart palpitations? Often Sometimes Never
- Do you wake up feeling tired? Often Sometimes Never
- Do you get stiff or painful joints? Often Sometimes Never
- Do you suffer from a sexually transmitted disease? Yes No
- Does your head feel fuzzy, as if it's full of cotton? Yes No
- Do you suffer from headaches? Often Sometimes Never
- Do you have excessive hair loss or split ends? Often Sometimes Never
- Are your fingernails soft or do they flake or crack? Often Sometimes Never
- Do you catch colds or infections easily? Often Sometimes Never
- Do you suffer from yeast infections or thrush? Often Sometimes Never
- Do you suffer from blocked sinuses or sinus headaches? Often Sometimes Never
- Do you have any post-nasal throat or chest mucus that is green or yellow?
in color? Often Sometimes Never
- Do you have respiratory mucus that is white in color? Often Sometimes Never
- Does the skin or your lips, hands or feet crack? Often Sometimes Never
- Do rich foods disagree with you? Often Sometimes Never
- Do you feel a tight band around your chest, head, throat or abdomen? Often Sometimes Never
- Do you suffer from hernia, hemorrhoids or varicose veins? Yes No
- Do you suffer from cystitis or urethritis? Often Sometimes Never
- Do you bruise easily or do cuts take a long time to heal? Often Sometimes Never

Your signature _____ **Date** _____

Please print name _____

NATUROPATH TREATMENT ACKNOWLEDGEMENT AND AGREEMENT

This agreement (“Agreement”) is entered into on _____, 200__ between Aleksander Strande, MS., Ph.D., and the corporation in which Dr. Strande conducts his practice, Simply Healing, Inc. (together “Simply Healing,” unless otherwise noted) and _____ (“Patient”). The purpose of this Agreement is to confirm certain understandings and agreements, and confirm certain information provided to Patient by Simply Healing.

1. Patient understands that Dr. Strande is a Board Certified Naturopathy by the Board of Examiners of the American Naturopathic Medical Certification & Accreditation Board, Inc. (Committee on Naturopathic Medical Education, Washington, District of Columbia) and licensed as a Naturopath by the Department of Health, Washington, District of Columbia. He is a member of the following organizations: The American Naturopathic Medical Association, The Association of Nutritional Consultants, American Association of Drugless Practitioners, American Holistic Association and American Herbalists Guild.
2. Patient understands that Dr. Strande is not a licensed physician. He has a Ph.D. Degree in Naturopathy, a M.S.C. degree in Mircobiology, a Diploma of Herbal Medicine, Diploma of Professional Homeopathic Prescribing and a Postgraduate Diploma in Clinical Nutrition. As a Naturopath, he does not diagnose disease, treat illness, or prescribe medicine. As a Naturopath, he assists in recovery from ill health and in maintaining well-being. Services provided are predicated on the enhancement and support of the inherent healing capacity of the individual body by using natural means. The treatment provided by Simply Healing is alternative or complimentary to healing arts services licensed by the State. However, the services provided are not licensed by the State of California.
3. It is the patient’s choice to use any exercise or to purchase or use any supplements (i.e. vitamins and minerals), herbs, homeopathic preparations, foods, amino acids, and skin creams, discussed with, referred by or sold by Simply Healing, or to buy any books, videotapes, or related materials that are recommended.
4. Patient will consult his/her primary physician if he/she so chooses or whenever deemed necessary. Patient will seek the advice of a doctor or specialist if advised by Simply Healing or Patient determines to be prudent or necessary for any reason.
5. Patient acknowledges that no representations or guarantees have been made by Simply Healing, to Patient regarding the success or outcome of a consultation with or recommendations made by Dr. Strande.
6. Patient represents that all information that he/she has provided to Simply Healing is true and accurate and agrees that if there is a material change in the information provided, Patient will promptly notify Simply Healing of the change.
7. Patient agrees that if 24-hour notice is not given for the cancellation of any appointment of consultation, Patient will be charged and agrees to pay for the full appointment fee.

8. Patient acknowledges and agrees that no refunds will be given for consultations, freight of supplements, liquid herbs and powdered amino acids as well as open bottles of other supplements.

9. Patient agrees to pay in full for all services and supplements at the time of consultation. If Patient uses another individual's credit card or check for payment, Patient represents that it is done with the permission of the individual and Simply Healing is not responsible to verify such permission.

10. This Agreement constitutes the entire understanding and final expression of the agreement between the parties regarding the subject matter of the Agreement and supercedes any and all prior or contemporaneous communications, all of which are merged into this Agreement. This Agreement shall not be modified, amended, supplemented or altered, except by an instrument signed by both parties. This Agreement is intended to cover services provided both before and after the date of this Agreement.

11. All disputes or claims arising out of, or in connection with the treatments or advice provided by or through Simply Healing shall be settled under the rules of the American Arbitration Association by one arbitrator appointed in accordance with the rules. The place for the arbitration shall be Orange County, California. The parties agree to submit themselves to the jurisdiction of the AAA in Orange County, California.

12. This Agreement is intended to be valid and enforceable to the fullest extent permitted. If any provision is held invalid or unenforceable, such judicial findings shall not affect the validity or enforceability of any of the provisions.

THE SIGNATURE BELOW ACKNOWLEDGES THAT THE UNDERSIGNED HAS RECEIVED THE INFORMATION CONTAINED IN SECTIONS 1 AND 2.

DATED: _____

SIMPLY HEALING, INC.

By: _____
Aleksander Strande, MS., Ph.D.

DATED: _____

PATIENT

By: _____
Signature

Credit Card Authorization Form

Name: _____

Address: _____

Home Phone: _____

Cell: _____

Credit Card Number: _____

Exp. Date: _____

I authorize Simply Healing Inc to use this credit card number. I understand that payment for services are paid in full at the time services are rendered. I understand that all sales are final.

Signature: _____ Date: _____

Print Name