



Tree Of Life Holistic Wellness Center

FIRST VISIT EDUCATIONAL INFORMATION (Please print, CLEARLY)

NAME _____ TELEPHONE # (____) _____

ADDRESS _____ CITY _____ ST. _____ ZIP _____

WORK TELEPHONE # (____) _____ DATE OF BIRTH ____/____/____ AGE _____

I HEREBY ATTEST TO THE FOLLOWING STATEMENT:

BIOLOGICAL INDIVIDUALITY

It should not be misconstrued to mean, imply or indicate that the product or programs described here will cure anything, as no such claims are made. Only the body can heal itself. These nutritional suggestions are not offered as a cure, rather, as aids to the body in reestablishing normal functions. The human body is very complex. Although each person is similar in general structure and function, each is also uniquely different, responding differently to similar stimuli, therapies and conditions. What may help one person in a certain circumstance or condition, may not help another. This is also true with foods. A particular food that may be nourishing to a healthy person may cause an allergic reaction in another. Each condition may also be unique. Although thousands have had help from the natural methods described here, there have been and will be cases where destructive pathological changes are so severe, and the bodies own healing mechanisms so weakened, that the process of healing could be an extended process.
Persevere, and your hard work will be amply rewarded.

The information provided by **Earendil M. Spindelilus D.N.M., M.H., C.R., PSc.D** is for educational purposes only and should not be used to prescribe, diagnose, treat or cure any illnesses or diseases or as a substitute for professional health care. If you have a serious health problem, we strongly recommend that you consult a competent health care provider. Always consult with a qualified health care provider before deciding on any course of treatment, especially for any/all serious or life-threatening illnesses or diseases. The information provided has been suggested by herbalists, etc., as possibly being helpful and offers traditional and historical of any of our products and cannot be held responsible for any adverse reactions, side effects or misuse of any of our products. We assume no responsibility for those who prescribe our products for themselves. Our suggested use is as dietary supplements only. We strongly advise that you always use caution when taking any herb and/or medication other than those prescribed or suggested

by a health care provider. For children under the age of 12, pregnant or nursing, please use caution unless under the advice or supervision of your health care provider. Always read and follow all label directions. All herbs should be kept out of the reach of children. Any claims and/or statements on the use(s) of any herb have not been evaluated or approved by the FDA.

Earendil M. Spindelilus D.N.M., M.H. C.R. PSc.d has obtained his degree as a Master Herbalist from the School of Natural Healing, The College of Herbal Medicine. He also received his Doctorate in Natural Medicine from New Eden. He has been practicing since 1999. He is also a certified Nutritionist and Certified Reflexologist. He is not licensed in this state nor is a license required for this type of practice.

I fully understand that the partners of, and **Earendil M. Spindelilus D.N.M., M.H, C.R. PSc.D** are not a PHYSICIAN nor a SURGEON..

I also fully understand that I am hereby advised to continue my current medical treatment and/or seek the assistance, advice and professional help of a licensed Medical Doctor and/or Hospital for any diagnosis and/or treatment of disease, illness or health problem that I have.

I am also advised to continue any current medical program I am currently on including but not limited to Surgery, Chemotherapy, Radiation, Any Drug Therapy and any other treatment for disease.

I also fully release and relinquish my right and/or the right of anyone on my behalf to prosecute and sue **Earendil M. Spindelilus D.N.M., M.H, C.R. PSc.d** and/or anyone associated with then for any and all reasons but especially in regards to their assistance, health consultations, emotional guidance, nutritional and herbal products, custom formulations and herbs.

I hereby indemnify and hold harmless **Earendil M. Spindelilus D.N.M., M.H, C.R. PSc.d** and/or anyone associated with them listed or not listed, including the companies that **Earendil M. Spindelilus D.N.M., M.H, C.R. PSc.D** does business with, from any and all reasons inclusive but not limited to; my voluntary usage of any herbs and herbal formulas or health and nutritional products, and for any possible damage and/or losses resulting from any act regarding my health program and consultation.

*****WE REQUIRE 24 HOUR NOTICE FOR APPOINTMENT SCHEDULE CHANGES. IF APPOINTMENT SCHEDULE IS MISSED OR CHANGED WITH LESS THAN 24 HOUR NOTICE WE WILL CHARGE FOR THE FULL CONSULTATION FEE*****

By signing this form you agree to all.

I understand that this release is valid for this visit and subsequent visits as well.

Signature _____ Date ____/____/____

Witness or Referred by _____ Date ____/____/____