



Date _____

Name: _____ Date of Birth: _____

Address: _____

Phone: (h) _____ (c) _____

Email: _____

Marital Status: _____ Number of children: _____

What is your primary health issue? _____

List previous illnesses or surgeries: _____

List medications you are currently taking: _____

List supplements you are currently taking: _____

List any known allergens: _____

On a scale of 1-10, rate your stress level: _____

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- *We do not treat symptoms or disease.*
- *An allergy is not a disease, rather a condition.*
- *A symptom is an attempt by your body to tell you something.*
- *We will attempt to find the underlying cause.*
- *We do not use drugs in this program.*
- *There is no single "healthy" diet that will work for everyone.*
- *Just because food is considered "healthy", does not mean it is "healthy" for you.*
- *Your diet consists of everything you **eat, drink, rub on your skin, or inhale.***
- *Our procedures are safe and painless.*

Mona Turrell, NC, D PSc
918-254-8700

“Like” **Laanaghey** on Facebook for Wellness Information and Recipes

Systems Survey Form | Restricted to Professional Use



NAME: _____ AGE: _____ HEALTH CARE PROFESSIONAL: _____ DATE: _____

INSTRUCTIONS: Circle the number that applies to you. **If a symptom does not apply, don't circle anything** for that symptom.

Circle the corresponding number.	
1	MILD symptom (occurs rarely)
2	MODERATE symptom (occurs several times a month)
3	SEVERE symptom (occurs almost constantly)

GROUP 1

1.	1 2 3	Acid foods upset
2.	1 2 3	Get chilled often
3.	1 2 3	"Lump" in throat
4.	1 2 3	Dry mouth, eyes, nose
5.	1 2 3	Pulse speeds after meal
6.	1 2 3	Keyed up, fail to calm
7.	1 2 3	Gag occasionally
8.	1 2 3	Unable to relax, startle easily
9.	1 2 3	Extremities cold, clammy
10.	1 2 3	Strong light irritates
11.	1 2 3	Occasionally weak urine flow
12.	1 2 3	Heart pounds after retiring
13.	1 2 3	"Nervous" stomach
14.	1 2 3	Appetite reduced occasionally
15.	1 2 3	Cold sweats often
16.	1 2 3	Get heated easily
17.	1 2 3	Nerve discomfort
18.	1 2 3	Staring, blink little
19.	1 2 3	Sour stomach frequent
_____ TOTAL		
1	2	3

GROUP 2

20.	1 2 3	Joint stiffness after arising
21.	1 2 3	Muscle, leg, toe cramps at night
22.	1 2 3	"Butterfly" stomach, cramps
23.	1 2 3	Eyes or nose watery
24.	1 2 3	Eyes blink often
25.	1 2 3	Eyelids swollen, puffy
26.	1 2 3	Indigestion soon after meals
27.	1 2 3	Always seem hungry, feel "lightheaded" often
28.	1 2 3	Digestion rapid
29.	1 2 3	Vomit occasionally
30.	1 2 3	Hoarseness frequent
31.	1 2 3	Uneven breathing
32.	1 2 3	Pulse slow
33.	1 2 3	Gagging reflex slow
34.	1 2 3	Difficulty swallowing
35.	1 2 3	Temporary constipation or diarrhea
36.	1 2 3	"Slow starter"
37.	1 2 3	Get "chilled"
38.	1 2 3	Perspire easily
39.	1 2 3	Sensitive to cold
40.	1 2 3	Upper respiratory challenges
_____ TOTAL		
1	2	3

GROUP 3

41.	1 2 3	Eat when nervous
42.	1 2 3	Excessive appetite
43.	1 2 3	Hungry between meals
44.	1 2 3	Irritable before meals

45.	1 2 3	Get "shaky" if hungry
46.	1 2 3	Fatigue, eating relieves
47.	1 2 3	"Lightheaded" if meals delayed
48.	1 2 3	Heart palpitates if meals missed or delayed
49.	1 2 3	Fatigue in afternoon
50.	1 2 3	Overeating sweets upsets
51.	1 2 3	Awaken after few hours sleep, hard to get back to sleep
52.	1 2 3	Crave candy or coffee in afternoon
53.	1 2 3	Moods of "blues" or melancholy
54.	1 2 3	Craving for sweets or snacks
_____ TOTAL		
1	2	3

GROUP 4

55.	1 2 3	Hands and feet go to sleep easily, numbness
56.	1 2 3	Sigh frequently, "air hunger"
57.	1 2 3	Aware of "breathing heavily"
58.	1 2 3	High-altitude discomfort
59.	1 2 3	Open windows in closed room
60.	1 2 3	Immune system challenges
61.	1 2 3	Afternoon "yawner"
62.	1 2 3	Get "drowsy" often
63.	1 2 3	Swollen ankles worse at night
64.	1 2 3	Muscle cramps, worse during exercise; get "charley horse"
65.	1 2 3	Difficulty catching breath, especially during exercise
66.	1 2 3	Tightness or pressure in chest, worse on exertion
67.	1 2 3	Skin discolors easily after impact
68.	1 2 3	Tendency to anemia
69.	1 2 3	Noises in head or "ringing in ears"
70.	1 2 3	Fatigue upon exertion
_____ TOTAL		
1	2	3

GROUP 5

71.	1 2 3	Dizziness
72.	1 2 3	Dry skin
73.	1 2 3	Burning feet
74.	1 2 3	Blurred vision
75.	1 2 3	Itching skin and feet
76.	1 2 3	Hair loss
77.	1 2 3	Occasional skin rashes
78.	1 2 3	Bitter, metallic taste in mouth in morning
79.	1 2 3	Occasional constipation
80.	1 2 3	Worrier, feels insecure
81.	1 2 3	Nausea occasionally after eating
82.	1 2 3	Greasy foods upset
83.	1 2 3	Stools light-colored
84.	1 2 3	Skin peels on foot soles

85.	1 2 3	Discomfort between shoulder blades
86.	1 2 3	Occasional laxative use
87.	1 2 3	Stools alternate from soft to watery
88.	1 2 3	Sneezing attacks
89.	1 2 3	Dreaming, nightmare-type bad dreams
90.	1 2 3	Bad breath (halitosis)
91.	1 2 3	Milk products cause upset
92.	1 2 3	Sensitive to hot weather
93.	1 2 3	Burning or itching anus
94.	1 2 3	Crave sweets
_____ TOTAL		
1	2	3

GROUP 6

95.	1 2 3	Loss of taste for meat
96.	1 2 3	Lower bowel gas several hours after eating
97.	1 2 3	Burning stomach sensations, eating relieves
98.	1 2 3	Coated tongue
99.	1 2 3	Pass large amounts of foul-smelling gas
100.	1 2 3	Indigestion 1/2-1 hour after eating; may be up to 3-4 hours after
101.	1 2 3	Watery or loose stool
102.	1 2 3	Gas shortly after eating
103.	1 2 3	Stomach "bloating"
_____ TOTAL		
1	2	3

GROUP 7A

104.	1 2 3	Difficulty sleeping
105.	1 2 3	On edge
106.	1 2 3	Can't gain weight
107.	1 2 3	Intolerance to heat
108.	1 2 3	Highly emotional
109.	1 2 3	Flush easily
110.	1 2 3	Night sweats
111.	1 2 3	Thin, moist skin
112.	1 2 3	Inward trembling
113.	1 2 3	Heart races
114.	1 2 3	Increased appetite without weight gain
115.	1 2 3	Pulse fast at rest
116.	1 2 3	Eyelids and face twitch
117.	1 2 3	Irritable and restless
118.	1 2 3	Can't work under pressure
_____ TOTAL		
1	2	3

GROUP 7B

- 119. 1 2 3 Increase in weight
- 120. 1 2 3 Decrease in appetite
- 121. 1 2 3 Fatigue easily
- 122. 1 2 3 Ringing in ears
- 123. 1 2 3 Sleepy during day
- 124. 1 2 3 Sensitive to cold
- 125. 1 2 3 Dry or scaly skin
- 126. 1 2 3 Temporary constipation
- 127. 1 2 3 Mental sluggishness
- 128. 1 2 3 Hair coarse, falls out
- 129. 1 2 3 Tension in head upon arising
wears off during day
- 130. 1 2 3 Slow pulse below 65
- 131. 1 2 3 Changing urinary function
- 132. 1 2 3 Sounds appear diminished
- 133. 1 2 3 Reduced initiative

____ 1 ____ 2 ____ 3 **TOTAL**

GROUP 7C

- 134. 1 2 3 Failing memory with age
- 135. 1 2 3 Increased sex drive
- 136. 1 2 3 Episodes of tension in head
- 137. 1 2 3 Decreased sugar tolerance

____ 1 ____ 2 ____ 3 **TOTAL**

GROUP 7D

- 138. 1 2 3 Abnormal thirst
- 139. 1 2 3 Bloating of abdomen
- 140. 1 2 3 Weight gain around hips or waist
- 141. 1 2 3 Sex drive reduced or lacking
- 142. 1 2 3 Tendency for stomach issues
- 143. 1 2 3 Immune system challenges
- 144. 1 2 3 Menstrual disorders

____ 1 ____ 2 ____ 3 **TOTAL**

GROUP 7E

- 145. 1 2 3 Dizziness
- 146. 1 2 3 Headaches
- 147. 1 2 3 Hot flashes
- 148. 1 2 3 Hair growth on face
or body (female)
- 149. 1 2 3 Sugar in urine (not diabetes)
- 150. 1 2 3 Masculine tendencies (female)

____ 1 ____ 2 ____ 3 **TOTAL**

GROUP 7F

- 151. 1 2 3 Weakness, dizziness
- 152. 1 2 3 Tired throughout day
- 153. 1 2 3 Nails weak, ridged
- 154. 1 2 3 Sensitive skin
- 155. 1 2 3 Stiff joints
- 156. 1 2 3 Perspiration increase
- 157. 1 2 3 Bowel discomfort
- 158. 1 2 3 Poor circulation
- 159. 1 2 3 Swollen ankles
- 160. 1 2 3 Crave salt
- 161. 1 2 3 Areas of skin darkening
- 162. 1 2 3 Upper respiratory sensitivity
- 163. 1 2 3 Tiredness
- 164. 1 2 3 Breathing challenges

____ 1 ____ 2 ____ 3 **TOTAL**

GROUP 8

- 165. 1 2 3 Muscle weakness
- 166. 1 2 3 Lack of stamina
- 167. 1 2 3 Drowsiness after eating
- 168. 1 2 3 Muscular soreness
- 169. 1 2 3 Heart races
- 170. 1 2 3 Hyperirritable
- 171. 1 2 3 Feeling of a band around head
- 172. 1 2 3 Melancholia (feeling of sadness)
- 173. 1 2 3 Swelling of ankles
- 174. 1 2 3 Change in urinary function
- 175. 1 2 3 Tendency to consume
sweets/carbohydrates
- 176. 1 2 3 Muscle spasms
- 177. 1 2 3 Blurred vision
- 178. 1 2 3 Involuntary muscle action
- 179. 1 2 3 Numbness
- 180. 1 2 3 Night sweats
- 181. 1 2 3 Rapid digestion
- 182. 1 2 3 Sensitivity to noise
- 183. 1 2 3 Redness of palms of hands and
bottom of feet
- 184. 1 2 3 Visible veins on chest and abdomen
- 185. 1 2 3 Hemorrhoids
- 186. 1 2 3 Apprehension (feeling that
something bad is going to happen)

- 187. 1 2 3 Nervousness causing
loss of appetite
- 188. 1 2 3 Nervousness with indigestion
- 189. 1 2 3 Gastritis
- 190. 1 2 3 Forgetfulness
- 191. 1 2 3 Thinning hair

____ 1 ____ 2 ____ 3 **TOTAL**

FEMALE ONLY

- 192. 1 2 3 Very easily fatigued
- 193. 1 2 3 Premenstrual tension
- 194. 1 2 3 Menses more painful than usual
- 195. 1 2 3 Depressed feelings
before menstruation
- 196. 1 2 3 Painful breasts during menses
- 197. 1 2 3 Menstruate too frequently
- 198. 1 2 3 Hysterectomy/ovaries removed
- 199. 1 2 3 Menopausal hot flashes
- 200. 1 2 3 Menses scanty or missed
- 201. 1 2 3 Acne, worse at menses

____ 1 ____ 2 ____ 3 **TOTAL**

MALE ONLY

- 202. 1 2 3 Less involved in
exercise/social activities
- 203. 1 2 3 Difficult to postpone urination
- 204. 1 2 3 Weak urinary stream
- 205. 1 2 3 Feeling of "blues" or melancholy
- 206. 1 2 3 Feeling of incomplete
bowel evacuation
- 207. 1 2 3 Lack of energy
- 208. 1 2 3 Muscles in arms and legs seem
softer/smaller
- 209. 1 2 3 Tire too easily
- 210. 1 2 3 Avoid activity
- 211. 1 2 3 Leg nervousness at night
- 212. 1 2 3 Diminished sex drive

____ 1 ____ 2 ____ 3 **TOTAL**

IMPORTANT | Please list below the five main physical complaints you have in order of their importance.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Digestion	Large Intestine (Palpate)	Adrenals	Pass/Fail Zinc Taste Test
_____ Hydrochloric	_____ Ascending	Pass/Fail Pupil Dilation Exam	Pass/Fail Cuff Test
_____ Acid Point	_____ Transverse	Postural Hypotension	_____ Cuff Pressure
_____ Enzyme Point	_____ Descending	_____ Supine	_____ pH of Saliva
_____ Murphy's Sign		_____ Standing	_____ Pulse

BARNES THYROID TEST

The test is conducted by the patient in the morning before leaving bed, with the temperature being taken for 10 minutes. The test is invalidated if the patient expends any energy prior to taking the test such as getting up for any reason, shaking down the thermometer, etc. It is important that the test, be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important.

PRE-MENSES FEMALES AND MENOPAUSAL FEMALES (any two days during the month)
FEMALES HAVING MENSTRUAL CYCLES (the second and third days of flow or any five days in a row)
MALES (any two days during the month)

Day 1 _____ Day 2 _____ Day 3 _____ Day 4 _____ Day 5 _____

RESTRICTIONS ON USE

The systems survey is to be used only by trained health care professionals. If you are a patient, you should not use the systems survey. If you are not a trained health care practitioner, you should not use the systems survey. Health care practitioners should only use the systems survey to provide services that are within the scope of their license or professional training. The systems survey is intended to be used as a helpful tool for health care practitioners in collecting information concerning the health and wellness of patients.

Please Read Carefully

Thank you for your interest in receiving assistance from the below named Practitioner of Pastoral Science & Medicine.

The Practitioner is a member of the Pastoral Medical Association*(PMA) and is required to provide certain disclosures to you and to provide assistance only when the Practitioner and you have signed the Agreement below providing specific terms and conditions of your relationship as a Client of the Practitioner. This Agreement below meets these requirements.

In the Agreement below, your Practitioner is referred to as "Practitioner"; you are referred to as "Client"; the term "Party" refers to an indicated party to the Agreement; and the term "Parties" refers to your Practitioner and you jointly.

Please read this Agreement carefully and indicate your acceptance of its terms by signing at the bottom of this document.

Agreement for Wellness Services

WHEREAS the Parties to this Agreement share the belief that it is every person's God-given right to seek healthcare and wellness services that are consistent with a person's ethical and religious convictions; and relying further upon their rights protected by the U.S. Constitution to enter into private relationships and contracts of their own choosing;

AND WHEREAS, the Parties hereto desire that this Agreement establish a private association relationship between them for the purpose gaining the benefits and undertaking the responsibilities related to following and using spiritually-based natural health and wellness principles and practices free from secular governmental influence, regulation and control;

NOW THEREFORE, in consideration of the mutual covenants contained in this Agreement and for other good and valuable consideration, the adequacy and receipt of which are acknowledged; and based on the belief, rights and for the purpose indicated above, **IT IS HEREBY AGREED AS FOLLOWS:**

1. **Exclusive Agreement:** Parties acknowledge and agree that this Agreement shall govern the Parties' relationship as described below and shall supersede any other agreement between the Parties, written or oral, that is contrary to the terms and conditions hereof.

Additional agreements relating to and specifying membership, cost, type service, length of service and product related matters may be formed between Practitioner and Client as long as nothing therein conflicts with the terms and conditions of this Agreement and should such conflict occur, the terms and conditions of this Agreement shall predominate and control.

2. **Practitioner Agrees.** In providing Pastoral Science & Medicine services to Client, Practitioner agrees to maintain Practitioner's PMA license in good standing and to notify Client if the license is not maintained in good standing at any time during the Agreement term; to fully disclose upon Client's request Practitioner's education and experience in the services to be provided; to use Practitioner's best efforts to formulate a wellness protocol to assist Client in achieving Client's desired health goals and to deliver and perform services in an ethical and professional manner in compliance with PMA license standards.

3. **Client Agrees:** In accepting Practitioner's services, Client agrees to request all information Client deems necessary to determine whether Practitioner is suitable for Client, considering Practitioner's education, experience, services to be provided and cost; to fully disclose to Practitioner all pertinent information requested to assist Practitioner in developing a wellness protocol for Client; to meet at the agreed appointment times and pay timely the agreed charges; and to faithfully follow the wellness protocol with changes only as mutually agreed by the Parties.

4. **Services Provided.** Pastoral Science & Medicine services offered by Practitioner to Client are provided within and pursuant to the private contractual and association relationship formed by this Agreement. The Parties acknowledged that such services may involve Practitioner learning and/or Client revealing to Practitioner intimate personal information about Client's health and lifestyle; and Practitioner agrees that such intimate personal information shall be considered and treated as absolutely confidential.

For purposes of this Agreement, Pastoral Science & Medicine services are defined as natural health and wellness therapies, products and services that are not in conflict with scripture and that are solely intended to improve physical, mental and spiritual health. Pastoral Science & Medicine services are not state licensed medical services; are not provided in a conventional doctor-patient relationship; do not include activities or substances that are regulated by governmental agencies; and while Pastoral Science & Medicine services may be provided to improve health as an adjunct to medical care, such services do not include diagnosing or curing or treating, or attempting to diagnose, treat or cure, any illness or disease or constitute the conventional practice of medicine. Therefore, in the event illness or disease is suspected, known or becomes suspected or known while Client is receiving Pastoral Science & Medicine assistance; it is Client's sole responsibility to seek appropriate medical care in place of or as an adjunct to the services provided by Practitioner.

5. **Indemnification:** Client acknowledges and agrees that Client may or may not achieve Client's health and wellness goals from the natural protocols and/or products suggested and/or provided by the Practitioner in spite of Parties' best efforts. It is understood that no system of wellness, including Pastoral Science & Medicine, can guarantee results because there are simply too many variables involved influencing health recovery.

Accordingly, Client acknowledges that Practitioner does not provide any guarantee or warranty as to the success of any suggestions, protocols or products provided by Practitioner; and Client further agrees that, in the absence of evidence of negligence or intentional wrongdoing on the part of Practitioner, Client's failure to achieve Client's health and wellness goals is not actionable under this Agreement. Therefore, Client hereby agrees to indemnify and hold Practitioner harmless for any claim or action based on Client's failure to achieve Client's desired health and wellness goals as a results of following Practitioner's advice or provided protocols.

6. Independent Practitioner. Practitioner and Client acknowledge and agree that Practitioner is an independent health professional and not an employee, contractor or representative of the Pastoral Medical Association*, and that Practitioner is solely responsible for Practitioner's actions, suggestions, services and/or products. Practitioner and Client further acknowledge and agree that the Pastoral Medical Association does not have, incur or accept any responsibility or liability for Practitioner's actions, suggestions, services and/or products, or in any manner guarantee or promise Client's overall success or any particular results in following Practitioner's advice or accepting Practitioner's services pursuant to this Agreement. Therefore, Practitioner and Client hereby agree to indemnify and hold the Pastoral Medical Association harmless for any claim or action based on the parties entering into this Agreement for Wellness Services, or on the advice or services provided by Practitioner to the Client, or on the failure of the Client to achieve desired health outcomes.

In this regard, the Parties hereto also agree that the Pastoral Medical Association is a third-party beneficiary of this Agreement and that this provision No. 6 relating non-responsibility and indemnification of the Pastoral Medical Association is binding on the Parties and may not be modified without the specific prior written consent of the Pastoral Medical Association.

7. Records and Confidentiality: The Parties acknowledge and agree that Client's records provided to or maintained by Practitioner are privileged ministerial communications and not medical records. Therefore, Parties agree that such records may not in any case be released as medical records. Client is entitled to a copy of Client's records but any other release must be in compliance with standards for ministerial records in the jurisdiction where services are provided. The Parties further acknowledge and agree that ministerial communications are confidential and the content of such communication may not be divulged by Practitioner to any other party, except in accordance with Practitioner's own policy wherein proper reporting may be made in the event any person is at risk of harm, or has been harmed, or as may be required in the jurisdiction where services are provided.

8. Complaints and Grievances. The Parties acknowledge and agree that complaints and grievances shall be managed as follows: Complaints against Practitioner for suspected unprofessional conduct including providing services outside the scope of Practitioner's PMA license shall be reported to the Pastoral Medical Association (call 866-206-8469, or visit PMA's website at www.pmai.us), and shall be addressed and resolved through PMA's ecclesiastical process.

For all other complaints, disagreements and grievances, Parties agree to use their best efforts to resolve their dispute privately and if that fails, the sole recourse shall be resolution through arbitration, and the decision pursuant to arbitration shall be final and binding. Arbitration may be sought through the National Center for Life and Liberty at www.ncll.org or through an arbitrator mutually agreed upon by the Parties. Jurisdiction for enforcement of arbitration decisions shall be the state/jurisdiction where services were/are provided.

9. Complaint Prohibition and Penalty: The Parties understand and agree that the Pastoral Science & Medicine services provided by Practitioner are not regulated by governmental entities and that complaint provisions of Section 8 above provide Parties a fair and impartial path to resolution of any disputes. The Parties further agree that they have read, understood and entered this Agreement voluntarily; and that they will defend this Agreement and their rights to contract privately for Pastoral Science & Medicine services without outside interference.

In view of this, the Parties also agree to pursue relief and resolve any disputes between them only in the manner provided by Section 8 of this Agreement above and not to file any verbal, recorded or written complaint, grievance or lawsuit with any individual, agency, court, state board, better business bureau, newspaper or social media forum, blog or any other public or private medium, not specifically authorized by Section 8. Upon presentment of reasonable evidence that one of the Parties has violated this prohibition, the offending Party agrees to pay the other Party \$500 penalty for each separate breach of this provision, and to reimburse any expenses incurred by the offended Party as a result of such breach.

10. Limit to Recourse: Aside from the agreed contractual penalty provided under Section 9 above, the Parties agree that, absent evidence of negligent or intentional wrong doing on the part of the Practitioner causing mental or physical injury to the Client, recovery to the prevailing Party pursuant to any action brought under this Agreement, whether through private settlement or arbitration, shall be limited to the complaining Party's actual provable loss. Actual provable loss is defined as the total dollars expended by Client or due to Practitioner for services and products rendered, in addition to expenses incurred by an offended Party pursuant to Section 9 above if applicable. The prevailing Party shall also be entitled to reimbursement of arbitration costs.

11. Separation of Practices. In the event that Practitioner holds a state issued license as a healthcare provider in the state where the Client is receiving services from Practitioner, Client acknowledges and understands that the ecclesiastical Pastoral Science & Medicine services being offered and accepted from the Practitioner under the terms of this Agreement are totally separate and distinct from any services the Practitioner may offer and provide under Practitioner's state licensed practice. Client agrees that this is an important distinction, that Client has been giving the opportunity to discuss the difference between such services with Practitioner and have any questions answered, and that Client is clear about, understands and not confused by the distinction and separation of such services.

12. Term, Termination and Survival. This Agreement shall become effective when signed below and shall continue in effect until terminated. Either Party may terminate this Agreement at-will with thirty (30) day's written

notice to the other Party. Termination shall not relieve the Parties from any debt or liability incurred hereunder while the Agreement was active; and all terms and conditions of this Agreement intended to protect the Parties and their records and regulate disputes, grievances or complaints between them shall survive any termination.

13. **Amendments.** Any amendment to this Agreement must be in writing and signed by both Parties.

14. **Notices.** All notices, requests, consents, demands, and other communications under this Agreement shall be in writing and shall be deemed to have been duly given on the date of service if served personally on the Party to whom notice is to be given, on the date of transmittal of services via facsimile or electronic mail to the party to whom notice is to be given, or on the third day after mailing if mailed to the Party to whom notice is to be given, by first class mail.

Also, for the purpose of protecting the rights of the Parties hereto and notifying the Pastoral Medical Association that the undersigned Practitioner and Client have entered into this Agreement, agreeing specifically that any complaints against Practitioner for suspected unprofessional conduct including providing services outside the scope of Practitioner's PMA license shall be reported to the PMA and addressed and resolved through PMA's ecclesiastical process; the Parties agree that Client will be registered as a member of PMA's Health Network at the time of signing of this Agreement. If for whatever reason the Parties are unable to register Client with the PMA when executing this Agreement, Client hereby requests and authorizes Practitioner to register Client as a member of PMA's Health Network for the purpose indicated.

15. **Successors and Assigns.** This Agreement will inure to the benefit of, and be binding upon, the heirs, successors and assigns of the respective Parties.

16. **Severability.** If any provision of this Agreement shall be declared void or unenforceable by any judicial or administrative authority, the validity of any other provision and of the entire Agreement shall not be affected thereby.

17. **Headings.** Headings used herein are for convenience only and shall not be used to construe meaning or intent.

IN WITNESS WHEREOF, the Parties hereto have signed this Agreement on this ___ day of _____, 20__.

Client Name: Phone: Signature:

Address: _____

Email: _____

Ramona Turrell, NC D PSc 918-254-8700 RT
Practitioner Name: Phone: Signature:

Address: 4412 W. Houston, Broken Arrow, OK 74012

Email: monamie.naturals@yahoo.com

* For inquiries about Practitioner's PMA License status or to file a complaint with PMA, contact;

Pastoral Medical Association
6565 N. MacArthur Blvd., Unit 225,
Irving, Texas
Email: staff@pmai.us
Phone: U.S. & Canada: 866-206-8469

Agreement for Wellness Services
PMA Sept. 2016