



FIRST TIME EVALUATION

Please complete the following questions carefully. This information will help us to build a specialized Nutritional Program, personally designed for you.

Today's Date: _____ Referred by: _____

Name: _____ M F Birthdate: ___/___/___ Age: ___

Mailing Address: _____

City: _____ State: _____ Zip: _____ Occupation: _____

Height: _____ Weight: _____ Marital Status: S M D W No. of children: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Please do not take any supplements for 2 meals before your first evaluation.

1. **Complaints** Please rank your current complaints and rate their severity (on a scale of 1 to 10, 10 being the most severe):

2. **Other Information** Please tell us any additional information or concerns about your health:

3. **Medications** Please list any medications you are currently taking and how long you have taken them (including birth control pills, aspirin, pain medications, etc.):

4. **Smoking** Do you currently smoke? _____ If yes, how much? _____ How long have you smoked? _____
Do you frequently breathe second-hand smoke from others who are smoking
(either at work or at home)? _____

5. **Surgeries** What surgeries, operations, traumas, car accidents, etc. have you had?

- a.) Have you ever had full-body anesthesia (i.e., to remove tonsils, wisdom teeth, etc.)? _____
- b.) Do you have breast implants? _____ Other surgical implants or prostheses? _____
- c.) Have you had elective surgery (tummy tuck, face-lift, burned off moles, liposuction, etc.)? _____
- d.) Do you have any metal or plastic inside your body (such as pins, clamps, plates, etc.)? _____
- e.) Do you have pierced ears or other body piercings? _____ Tattoos? _____

6. **Scars** Please describe any scars on your body (major and minor ones): _____

7. **Drugs** *This is strictly confidential information.* Do you currently use recreational drugs? _____ [Circle all that apply: marijuana, cocaine, heroin, uppers, downers] Others: _____ How often? _____

Have you used recreational drugs in the past? _____ If yes, for how long? _____

Food Habits

- 1. **Eating Out** Do you eat out at restaurants? _____ If yes, how often? _____ Where? _____
What type of food do you eat at restaurants? _____

- 2. **Home Meals** Do you prepare meals at home? _____ If so, how often? _____
If yes, what type of food do you prepare? _____

- 3. **Meal Habits** Do You: [circle] a) skip meals often b) have irregular eating times c) eat food past 7 PM

- 4. **MSG** Do you avoid food/drinks that list “natural flavors” (which means hidden MSG) on the label? _____

- 5. **Water** Do you drink tap water? _____ What brand of drinking water do you use? _____
If you have a home water purifier, when was the cartridge last changed? _____

Typical Diet Please fill out your typical diet for the last few weeks. Please be as detailed as possible. (For example, instead of writing “chicken,” identify what brand and how it was made such as “baked organic chicken.” Instead of writing “salad,” identify what it’s made of, such as “salad made with organic baby green lettuce, commercial cherry tomatoes and PRL Olive Oil.”) PLEASE BE HONEST!

BREAKFAST (Typical time eaten: _____) _____

LUNCH (Typical time eaten: _____) _____

DINNER (Typical time eaten: _____) _____

SNACKS (Typical time eaten: _____) _____

Personal Health Goals

1. Do you want to lose weight? _____ If so, how much? _____
2. How important is your health to you, on a scale from 1 – 10 (1 = lowest; 10 = the highest importance)?

3. How much confidence do you have in medical drugs, on a scale from 1- 10 (1 = low; 10 = high confidence)?

4. How much confidence do you have in your body's ability to heal itself (if given the right nutrients/natural therapies), on a scale from 1 to 10 (1 = low; 10 = high confidence)? _____
5. List any nutritional supplements that you regularly take: _____

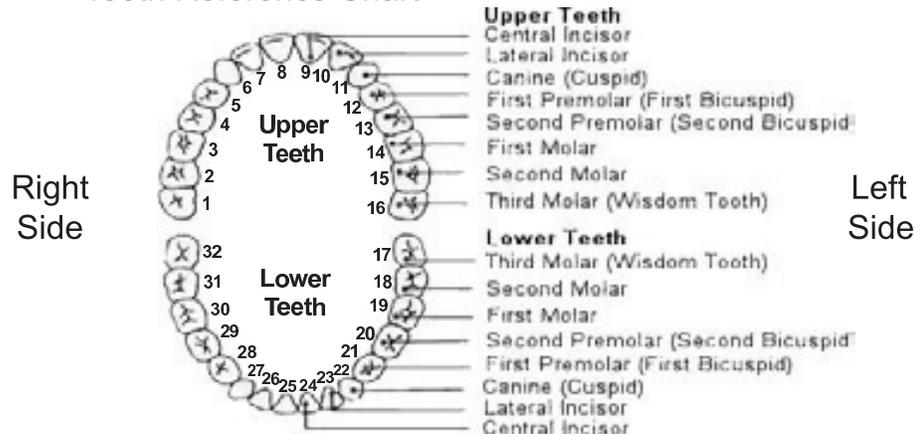
6. What best describes your diet overall? Check all that apply: *(Please be honest.)*
 - mostly eat out (fast food)
 - mostly eat out (but try to eat healthier items)
 - eat whatever is available
 - occasional binges
 - would never give up meat
 - eat a lot of fresh food (very little from cans, boxes)
 - mostly homemade meals
 - vegetarian
 - eat mostly organic
 - eat a lot of raw food
 - in transition to eating better
7. What are your specific health goals? (What do you *really* want?) _____

8. How far are you willing to commit to achieve your health goals? *(Please be honest.)*
 - don't really want to change much
 - willing to change some
 - willing to change a reasonable amount
 - willing to do whatever it takes
9. How much money do you spend per month on your health, out of pocket? _____
10. How long do you want to live? (Check all that apply.)
 - age 60-70 as long as I'm healthy
 - age 70-80 as long as I have been granted
 - age 80-90 until I complete my mission (purpose) on earth
 - age 90-100 only if my significant other is still alive also
 - age 100+ forever
 - it's already enough

Dental History Chart

Name: _____ Date: _____

Tooth Reference Chart

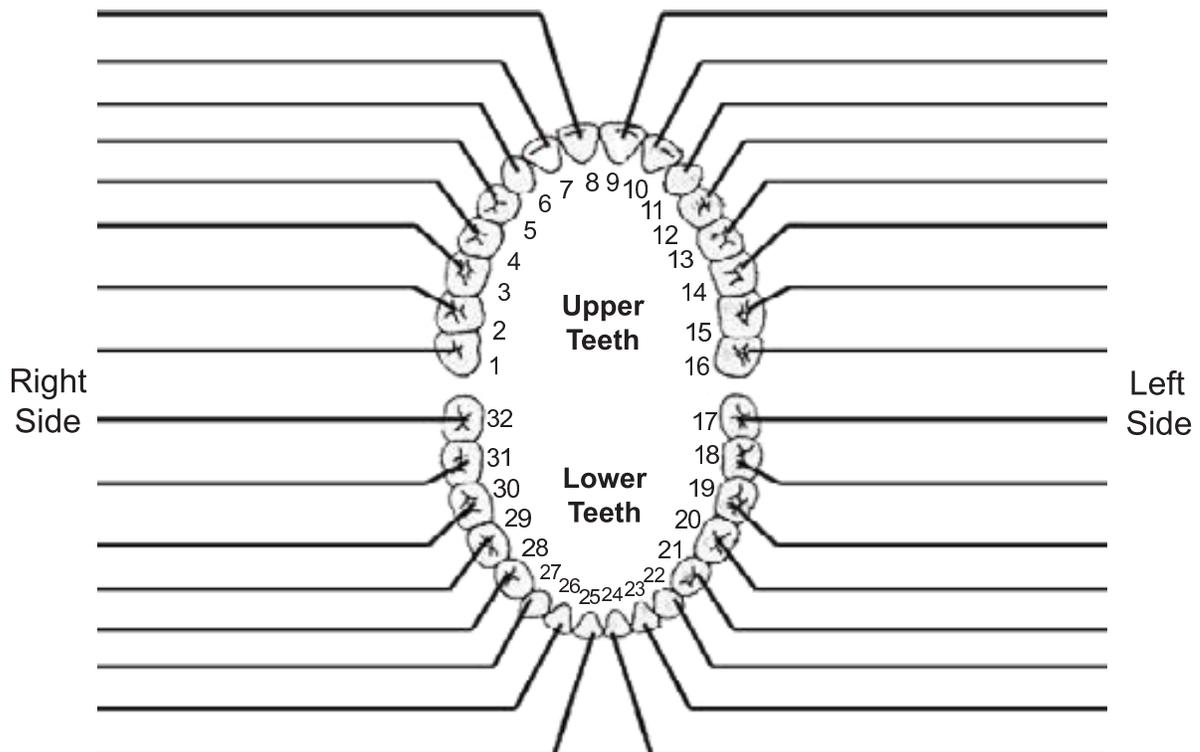


Directions: Please fill in the Dental History Chart below by writing down what was done to each tooth and the approximate age it was done. For an extracted tooth, put an X over the tooth. For example, on the line for left lower second molar, you might write: "Silver filling, age 22." **Please see Example Chart on back.**

Please use the following descriptors when filling in the chart:

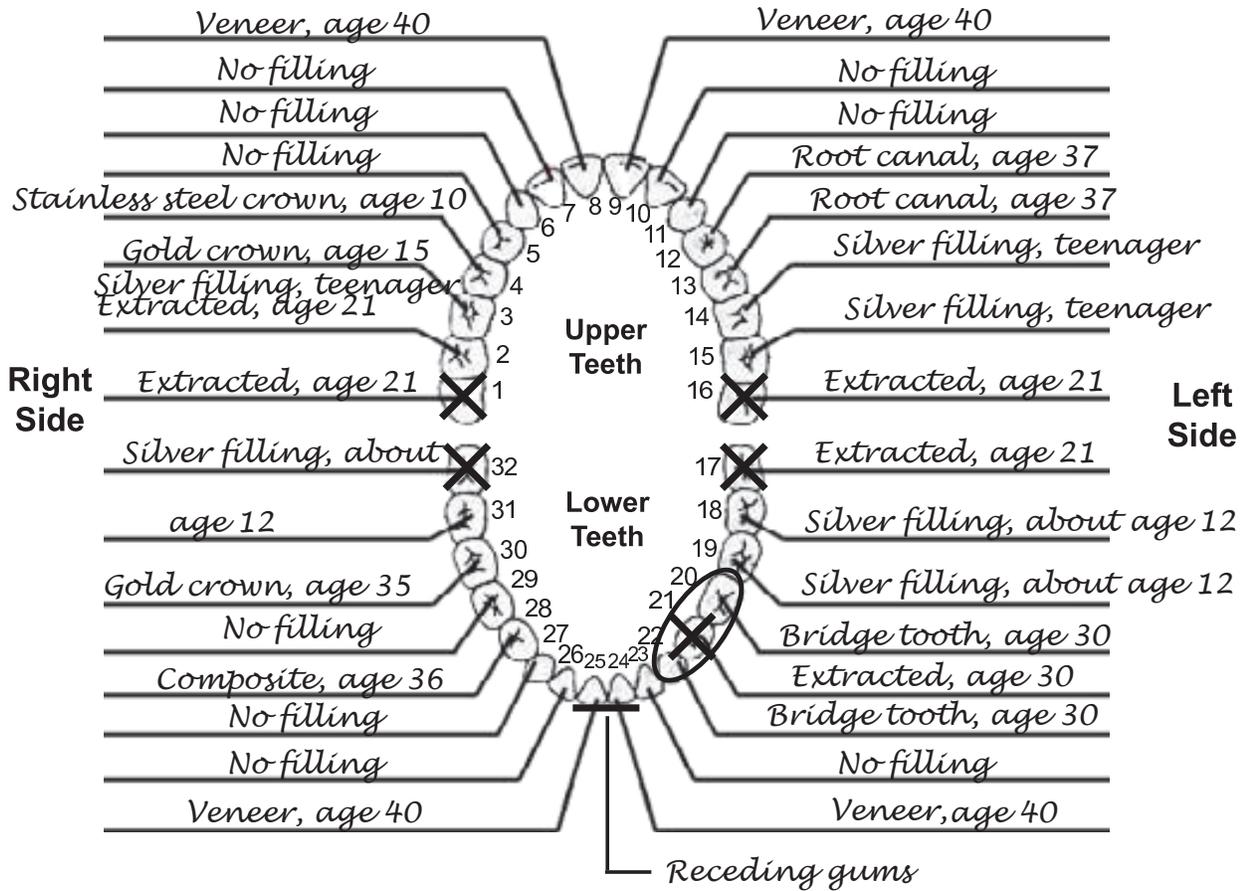
- | | | | |
|--|-------------------------|--|---|
| ◆ Silver filling | ◆ Stainless steel crown | ◆ Bridge (circle teeth with bridge attached) | ◆ Full denture |
| ◆ Composite filling (plastic-like filling) | ◆ Root canal | ◆ Partial denture | ◆ Extracted tooth (write next to X'd out tooth) |
| ◆ Gold crown | ◆ Post (in root canal) | ◆ Veneers | ◆ No filling |

Gum Concerns: please make a line at the base of any teeth that have gum problems and indicate what type of concern, such as deep pockets, receding gums, bleeding gums, etc.



Example Dental Chart

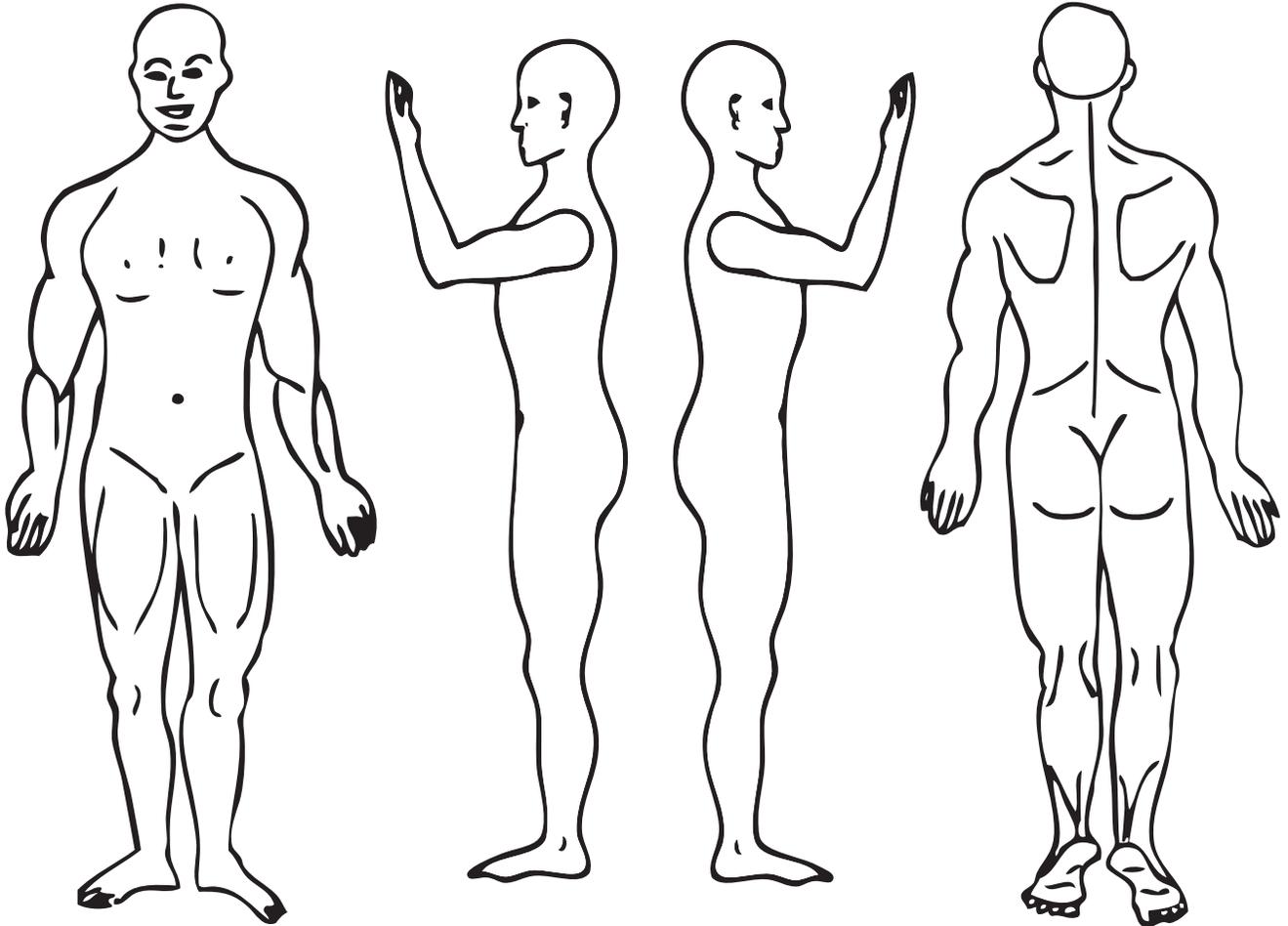
Name: Den Tall Date: 01-01-2011



Scar/Trauma Chart

Name: _____

Date: _____



Directions

All Scars. Please draw a red line on the drawing where you have scars, even if they are very old. Don't forget C-sections, vaccination scars, episiotomies, surgeries, earring puncture holes, tattoos, facelift scars, vasectomies, all injection sites (no matter how long ago), old burn areas, etc.

All Trauma Areas. Please put a red X where you have had trauma even if it is very old. Don't forget previous sprains, burns, falls, whiplash (from auto accidents), radiation, etc.

Internal Metal: Please draw a circle on the drawing if you have any type of internal metal objects, such as a surgical steel pin, metal plate, hip replacement, surgical wire mesh, etc.

Date of injury and type of injury. Draw a line from each of the above injury areas and print the type of injury and approximate date of injury. (For example, draw a line from a shoulder trauma area and print "car accident, 1988.")

Rev. 07-18-07

Informed Consent

For Nutritional Consultation

Health By Daniel LLC, Danny Wood II QRA

Advanced Nutritional Programs

I acknowledge that Danny Wood II and his staff members are not medical doctors. I understand that Danny Wood II and his staff members provide nutritional and other health-related information to help me attain and maintain my best health. Danny Wood II will help determine which nutrients my body needs bolstered. All recommendations are designed to help me keep and enjoy my best state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition. I understand that Danny Wood II and his staff members do NOT diagnose, treat, cure or claim to cure cancer or any other disease.

Consultation Fees

The consultation fee for Danny Wood II is \$60.00 per hour (based upon 55 minutes per hour), prorated for the actual time spent with the client. The initial visit typically takes about 2 hours which includes a thorough review of present nutritional concerns and an advanced, comprehensive nutritional program including recommended state-of-the-art nutritional supplements. Nutritional testing will be performed to pinpoint-target special body needs. In addition, QRASM Kinesiological testing may be used to help identify specific needs and interference fields. Follow-up appointments are usually recommended at 4-8 week intervals and average 60 minutes or less per session, depending on the extent of each client's needs and concerns. In special cases, weekly appointments may be recommended.

Nutritional Supplement Purchases: I understand that the cost of nutritional supplements is separate from consultation fees.

Returned Checks: If paying by check, I understand that an additional \$30.00 processing fee will be assessed for each returned check or "stop payment" check.

Scheduling Policy

I understand that Danny Wood II's Office will call me 24 hours prior to my appointment to confirm. I understand that if I want to reschedule or cancel my appointment for any reason, it is my responsibility to call his office during business hours, 5 business days or more in advance of my scheduled appointment. I understand that if I fail to reschedule or cancel my appointment at least 5 business days in advance of my scheduled appointment, there is a \$60.00 non-refundable processing fee. I understand that leaving a voicemail or sending an e-mail message to reschedule or cancel my appointment is not acceptable.

"Essentials Only" Program

I understand I may request an "Essentials Only" Nutritional Program with an abbreviated consultation time, such as 30 minutes. This program will provide essential nutritional recommendations, including recommended nutritional supplements. The fee for this program is the same as above (\$60.00 per hour), but prorated for the actual time spent. If I wish to have an "Essentials Only" Program, I understand I need to indicate this when I schedule my appointment.

Informed Consent

For Nutritional Consultation

Health By Daniel LLC, Danny Wood II QRA

Time Allotment

I understand it is my responsibility to observe the length of time my consultation is taking. Although Danny Wood II is glad to answer questions as the consultation proceeds, it naturally extends the length of the consultation time. I understand that if I do not wish to go beyond a certain time limit, I need to inform Danny Wood II before the consultation begins.

Interruptions

Due to the busy nature of Danny Wood II's office, I understand there may be occasional interruptions during my consultation time. If this happens, the number of minutes of the interruption will be deducted from my total time. Danny Wood II and his staff apologize for any inconvenience.

Follow-Up

I understand that any questions I may have should be asked during my consultation time. If I have questions after the consultation, I understand that I should schedule a telephone consultation with Danny Wood II. (See below.)

Telephone Consultation and Emergencies

I understand that if I have any questions between scheduled visits, or if an emergency arises, or if I would just like to speak personally to Danny Wood II, I will need to call to schedule a 15 minute consultation time (or longer). Danny Wood II will then answer my questions during this brief consultation time. Consultation fees are calculated at \$15.00 per 15 minutes.

Nutritional Supplement Policy

I understand that while I am under the care of Danny Wood II, I agree to purchase my nutritional supplements and place my orders through him or his assistant rather than Healthline for a period of six months. This helps to assure that my nutritional program will proceed smoothly.

Consent. I have read this Informed Consent and understand it. I am not a minor (under the age of 18). Additionally, I am here on this day and any subsequent visit, solely on my own behalf and not as an agent for any federal, state or local agencies on a mission of entrapment or investigation and I also certify that I am signing my own true given, legal name and not an alias or a pseudo or false name.

Signature _____

Printed Name _____

Witness _____

Date _____

Date _____