

HEALING MINISTERS UNITED, PLLC

9600 W. Jewell Ave., Suite 2
Lakewood, CO 80232

Office: (720) 328-4074
Fax: (720) 381-0390
Toll free: (888) 267-8493

healingforlife@healingministersunited.com
<https://healingministersunited.com>



Holistic Healthcare & Psychotherapy Informed Consent

Welcome to Healing Ministers United, PLLC! We look forward to serving your wellness needs using holistic, natural, and non-invasive assessment and treatment tools. The primary difference between Western medicine and Holistic medicine is in their philosophies. The Western Medical model views disease and illness as broken or dysfunctional systems or organs and typically treat using pharmaceutical medications or invasive surgeries. The Holistic Medical model understands body signs and symptomology as messengers to indicate that something is out of balance in the whole-human system. The areas that are researched for imbalance include the physical, mental, chemical, emotional, and spiritual aspects of every living thing; however, in our scope of practice, we work with you – not all living things.

Our initial approach to your wellness care is to get to know you which involves some psychotherapy, collaboration, planning, and goal assessments. We are authentically interested in your ideal place and intentions. What does it look and feel like, to you, to be well?

The Holistic Health approach to wellness is to acknowledge the body's innate ability to cure or heal itself. Holistic Healthcare Practitioners believe and affirm that no one has the power to heal or cure another. As Holistic Health Practitioners, our work is to discover and nurture the origin of imbalance that have (or have the potential to) express as disease or illness. Holistic Health Practitioners advocate for natural approaches to recovering the body's imbalances through a variety of treatment tools such as: sound therapy, reiki, crystal light therapy, cupping, gua sha, medical qi gong, yoga, meridian balancing, chakra clearing, auricular therapy, aromatherapy, and more. Holistic Health Practitioners do not name or treat diseases, they do, however, work with whole-human systems and imbalances between structure and function to restore homeostasis.

At Healing Ministers United, PLLC, we work to understand your specific needs and collaborate before making any treatment or supplemental recommendations. We will work directly with your current care providers to acquire a care plan that supports your specific needs. You will find a "Release of Information" form in this in-take packet to allow us permission to do that.

As third year doctorate students in Natural, Sacred, and Bioenergetic Medicine, we do collaborate with each other and a supervisor before initiating any treatment plans or solidify supplemental recommendations. Your initial consultation could take up to 2 ½ hours to complete a full in-take interview and to gather enough data for a full picture review of you, your person, and your goals.

Welcome!

Healing Ministers United, PLLC and Embrace(D) for Life are subsidiaries of Ramona Christine, LLC.

Signature: _____

Date: _____



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Healing Ministers United, PLLC

Holistic Healthcare & Psychotherapy, Spiritual Coaching

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In-take Packet

**** You may return this document by bringing it to your first appointment, email, or by fax. Thank you.**

**** Your personal information is and will remain confidential.**

Full Name: _____

Address: _____

Email: _____

Birthdate: _____

Height: _____

Weight: _____

Gender: _____

Contact Phone Number: _____

HM MOBILE WORK

Is it okay to leave a voicemail at this number? Yes No

Emergency Contact:

Name: _____ Phone: _____

Address: _____

Relationship: _____

_____ I **do** consent to the release of my information to the above emergency contact.

_____ I **do not** consent to the release of my information to the above emergency contact.

Questionnaire

** You may use the back of this page if additional space is needed

What do you hope to gain from holistic healthcare? Is there an immediate concern you are wanting to address? Describe your current symptoms or concerns as detailed as possible.

Have you ever worked with a Holistic Health Practitioner? What was your experience? What helped you, what didn't?

Are you currently under the care of mental health professional? Which services are you receiving and for what?

Are you currently under the care of a medical doctor? Which services are you receiving and for what?

Please list any and all formal diagnosis/prognosis below (physical and mental):

Are you currently taking any prescription medications or vitamin supplements? If so, for how long?

Do you have any allergies?

Briefly describe your overall physical, mental, emotional, and spiritual health. How do you feel and where do you feel it?

What current self-care activities do you participate in? How do you nurture yourself throughout a day?

Share some information as to your experience(s) when working with a medical or mental health professional.

Signature _____ Date _____

**** Be sure to complete a Release of Information form for each of your medical doctors and/or previous mental health care providers.**



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AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form cannot be used for the re-release of confidential information provided to Healing Ministers United, PLLC by other individuals or agencies. Such requests should be referred to the original individual or agency.

I _____ authorize Healing Ministers United, PLLC to:

_____ release to:

_____ obtain from:

_____ exchange with:

the following information pertaining to myself:

_____ dates of attendance

_____ other (specify) _____

for the purpose of:

_____ (specify) _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event _____

_____.

I understand I have the right to revoke my consent at any time.

Client Signature

Date

Witness Signature

Date



Symptom Survey

Name: _____

Date: _____

Instructions: Circle the number that applies to you. If a symptom doesn't apply, leave it blank.

One (1) – for mild symptoms, occurs once or twice a month

Two (2) – for moderate symptoms, occurs several times a month

Three (3) – for severe symptoms, you are aware of it almost constantly

<u>Group One</u>					
Acid foods upset	1 2 3	Gag easily	1 2 3	Appetite reduced	1 2 3
Get chilled often	1 2 3	Unable to relax, startles easily	1 2 3	Cold sweats often	1 2 3
"Lump" in throat	1 2 3	Extremities cold, clammy	1 2 3	Fever easily raised	1 2 3
Dry mouth-eyes-nose	1 2 3	Strong light irritates	1 2 3	Nerve / burning pains	1 2 3
Pulse speeds after meal	1 2 3	Urine amount reduced	1 2 3	Staring – blinks little	1 2 3
Keyed-up – fail to calm	1 2 3	Heart pounds after going to bed	1 2 3	Frequent sour stomach	1 2 3
Cuts heal slowly	1 2 3	"Nervous" stomach	1 2 3		

<u>Group Two</u>					
Joint stiffness after getting up	1 2 3	Digestion is rapid	1 2 3	"Slow starter"	1 2 3
Butterfly stomach, cramps	1 2 3	Frequent vomiting	1 2 3	Seldom is chilled	1 2 3
Eyes or nose watery	1 2 3	Frequent hoarseness	1 2 3	Perspires easily	1 2 3
Eyes blink often	1 2 3	Irregular breathing	1 2 3	Circulation poor, sensitive to cold	1 2 3
Eyelids swollen / puffy	1 2 3	Pulse slow, feels irregular	1 2 3	Subject to colds, asthma, bronchitis	1 2 3
Indigestion soon after meals	1 2 3	Difficulty swallowing	1 2 3	Alternating constipation, diarrhea	1 2 3
Always seem hungry, feel light headed often	1 2 3				

<u>Group Three</u>					
Eat when nervous	1 2 3	Eating relives fatigue	1 2 3	Awaken after a few hours of sleep – difficulty getting back to sleep	1 2 3
Excessive appetite	1 2 3	Light-headed if meals delayed	1 2 3	Crave candy or coffee in afternoon	1 2 3
Hungry between meals	1 2 3	Heart palpitations if meals missed or delayed	1 2 3	Moods of depression – blues or melancholy	1 2 3
Irritable before meals	1 2 3	Afternoon headaches	1 2 3	Abnormal craving for sweets or snacks	1 2 3
Get "shaky" if hungry	1 2 3	Overeating sweets upsets	1 2 3		



Group Four					
Hands or feet go to sleep easily	1 2 3	Afternoon “yawner”	1 2 3	Bruise easily – black/blue spots	1 2 3
Sigh frequently, air hunger	1 2 3	Get drowsy often	1 2 3	Tendency to anemia	1 2 3
Aware of breathing heavily	1 2 3	Swollen ankles, worse at night	1 2 3	Nose bleeds frequently	1 2 3
High altitude discomfort	1 2 3	Muscle cramps, worse during exercise, get Charlie Horses	1 2 3	Noises in head or ringing in ears	1 2 3
Opens windows in closed rooms	1 2 3	Shortness of breath on exertion	1 2 3	Tension under the breastbone or feelings of lightheadedness – worse on exertion	1 2 3
Susceptible to colds / fevers	1 2 3	Dull pain in chest or radiating into left arm – worse on exertion	1 2 3		

Group Five					
Dizziness	1 2 3	Blurred vision	1 2 3	Stools are light colored	1 2 3
Dry Skin	1 2 3	Itching skin or feet	1 2 3	Skin peels on foot soles	1 2 3
Worrier, feels insecure	1 2 3	Excessive falling hair	1 2 3	Pain between shoulder blades	1 2 3
Feeling queasy, headache over eyes	1 2 3	Frequent skin rashes	1 2 3	Use laxatives	1 2 3
History of gallbladder attack or gallstones	1 2 3	Bitter, metallic taste in mouth in mornings	1 2 3	Stools alternate from soft to watery	1 2 3
Sneezing attacks	1 2 3	Bowel movements painful	1 2 3	Nightmares / bad dreams	1 2 3
Burning feet	1 2 3	Greasy foods upset	1 2 3	Bad breath (halitosis)	1 2 3
Mild products cause distress	1 2 3	Sensitive to hot weather	1 2 3	Burning or itching arms	1 2 3
Craving sweets	1 2 3				

Group Six					
Loss of taste for meat	1 2 3	Coated tongue	1 2 3	Mucous colitis or irritable bowel	1 2 3
Lower bowel gas, several hours after eating	1 2 3	Pass larger amounts of foul smelling gas	1 2 3	Gas shortly after eating	1 2 3
Burning stomach sensations, eating relieves	1 2 3	Indigestion ½ to 1 hour after eating, may be up to 3 – 4 hours	1 2 3	Stomach bloating after eating	1 2 3



Group Seven					
(A)		(B)		(C)	
Insomnia	1 2 3	Increase in weight	1 2 3	Failing memory	1 2 3
Nervousness	1 2 3	Decrease in appetite	1 2 3	Low blood pressure	1 2 3
Can't gain weight	1 2 3	Fatigue easily	1 2 3	Increased sex drive	1 2 3
Intolerance to heat	1 2 3	Ringing in ears	1 2 3	Headaches "splitting" or rending type	1 2 3
Highly emotional	1 2 3	Sleepy during the day	1 2 3	Decreased sugar tolerance	1 2 3
Flush easily	1 2 3	Sensitive to cold	1 2 3	(D)	
Thin, moist skin	1 2 3	Dry and scaly skin	1 2 3	Abnormal thirst	1 2 3
Inward trembling	1 2 3	Constipation	1 2 3	Bloating abdomen	1 2 3
Heart palpitations	1 2 3	Mental sluggishness	1 2 3	Weight gain around hips or waist	1 2 3
Increased appetite without weight gain	1 2 3	Hair coarse, falling out	1 2 3	Sex drive reduced or lacking	1 2 3
Fast pulse at rest	1 2 3	Headaches when getting up that wear during the day	1 2 3	Tendency to ulcers, colitis	1 2 3
Eyelid and face twitch	1 2 3	Slow pulse, below 65	1 2 3	Increased sugar tolerance	1 2 3
Irritable and restless	1 2 3	Frequency of urination	1 2 3	Women menstrual disorders	1 2 3
Can't work under pressure	1 2 3	Impaired hearing	1 2 3	Young girls: Lack of menstrual function	1 2 3
		Reduced initiative	1 2 3		
(E)				(F)	
Dizziness	1 2 3	Chronic fatigue	1 2 3	Poor circulation	1 2 3
Headaches	1 2 3	Nails weak, ridged	1 2 3	Swollen ankles	1 2 3
Hot flashes	1 2 3	Low blood pressure	1 2 3	Crave salt	1 2 3
Increased blood pressure	1 2 3	Tendency to hives	1 2 3	Brown spots or bronzing of skin	1 2 3
Sugar in urine, not diabetes	1 2 3	Arthritic tendencies	1 2 3	Allergies – tendency to asthma	1 2 3
Female: Masculine tendencies	1 2 3	Increase in perspiration	1 2 3	Weakness after colds, influenza	1 2 3
Weakness, dizziness	1 2 3	Bowel disorders	1 2 3	Exhaustion – muscular, nervous	1 2 3
				Respiratory disorders	1 2 3



Group Eight					
Muscle weakness	1 2 3	Diminished urination	1 2 3	Redness of palms, hands, and bottoms of feet	1 2 3
Lack of stamina	1 2 3	Tendency to consume sweets or carbohydrates	1 2 3	Visible veins on chest and abdomen	1 2 3
Drowsiness after eating	1 2 3	Muscle spasms	1 2 3	Hemorrhoids	1 2 3
Muscular soreness	1 2 3	Blurred vision	1 2 3	Apprehension (feelings that something bad is going to happen)	1 2 3
Rapid heart beat	1 2 3	Loss of muscular control	1 2 3	Nervousness causing lack of appetite	1 2 3
Hyper irritable	1 2 3	Numbness	1 2 3	Gastritis	1 2 3
Feelings of a band around your head	1 2 3	Night sweats	1 2 3	Forgetfulness	1 2 3
Melancholia (feeling of sadness)	1 2 3	Rapid digestion	1 2 3	Thinning hair	1 2 3
Swelling of ankles	1 2 3	Sensitivity to noise	1 2 3		

Female ONLY					
Very easily fatigued	1 2 3	Depressed feelings before menstruation	1 2 3	Menstruates too frequently	1 2 3
Premenstrual tension	1 2 3	Excessive and prolonged menstruation	1 2 3	Vaginal discharge	1 2 3
Painful menses	1 2 3	Painful breasts	1 2 3	Hysterectomy / ovary removal	1 2 3

Male ONLY					
Prostate trouble	1 2 3	Depression	1 2 3	Lack of energy	1 2 3
Urination difficult / dribbling	1 2 3	Pain on inside of legs / heels	1 2 3	Migrating aches and pains	1 2 3
Frequent night urination	1 2 3	Feelings of incomplete	1 2 3	Tires too easily	1 2 3

Important: Please list below, the five main physical complaints you have, in order of their importance.

Recommendations:

- _____ Thyroid Test
- _____ pH Test
- _____ Coco Pulse Test
- _____ 9 Element Auricular Exercises



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Holistic Healthcare & Psychotherapy Policies & Agreements

Your initials below confirm that you have received, read, and acknowledge the policies and agreements below.

Confidentiality Agreement

_____ Your personal and identifying information is kept in strict confidentiality. Your medical information is kept in strict confidentiality. We will not disclose any personal or identifying information to any outside sources or third parties without your written consent and acknowledgement. We must have a signed "Release of Information" form on file before we can release any identifying or personal information, to even family members or friends. We will not acknowledge, on way or the other, whether we have or have not worked with you in the past, present, or future. Your signed "Release of Information" on record is valid for one year from the date of signing. Please request a "Release of Information" form for every personal or professional connection of whom you would like to grant us permission to speak to.

We maintain client records for up to five years after the end of any professional relationship. Our client records are locked and secured. Please keep us updated with your current contact information so that we may contact you regarding our expected date of record deletion and shredding so that you have an opportunity to obtain a copy. We will share client records with other who are caring for your wellness, with your written consent. You may request a copy of your own record by submitting a written request to:

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Lakewood, CO 80232

Please do not email or fax your written request. We must have your wet signature in order to release private records.

Self-Care Commitment

_____ You acknowledge that our self-care recommendations and treatment plans require your participation and a personal commitment to your wellness. We do not guarantee nor make any promises of healing. We do promise to provide as much care and recommendations as we have at our disposal to serve your personal needs. We make our recommendations based on what we know and what has been shown to be beneficial throughout the history of natural medicine and alternative healing. Holistic Health and Natural Medicine treatments and plans of wellness and

care are based on “vitalism” and “vitalistic” philosophies of wellness, meaning that the body has an innate ability to heal itself providing all other factors of dysfunction or imbalance are nurtured and well-functioning. The pillars of wellness include; psychological wellness, spiritual wellness, chemical wellness, and physical wellness. At Healing Ministers United, PLLC, we believe in the value and benefits of our tools and recommendations. As professional Holistic Health Practitioners, we will provide follow-up care, monitor your progress, and make adjustments as deemed necessary to support your progress and wellness. You will not be abandoned in your wellness journey. As Holistic Health Practitioners, our dedication is to support you every step of along your journey. If for any reason our work together is not working for you or benefitting you, we will support you with a referral to another practitioner who specializes in the services that best suit your needs. Holistic Health and Natural Medicine are not the same as Western Medicine. Adapting to thinking outside of the box may prove somewhat challenging and we totally understand the challenge. The primary value of Holistic and Natural Medicine is to “do no harm”. Our intention is to meet your needs and support your journey.

Treatment Plan Disclosure

_____ Our treatment recommendations come after careful collaboration between ourselves and our supervisor, or mentors. The first and foremost principal of Holistic and Natural Medicine is to “do no harm” and this is the policy we strive by. We do not advocate for, prescribe, or recommend harmful or invasive treatments or procedures. We also do not advise against your medical doctor’s recommendations. We will absolutely work in conjunction with other health care professionals who oversee your wellness care, providing we have a signed “Release of Information” on file for that person or entity.

Our treatments and procedures are non-invasive and gentle, although not without some change or impact to your whole-person system. You can expect changes to occur in many aspects of your life and at random times. Additional support for any changes that are difficult to navigate or manage on your own are available as psychotherapy or spiritually integrated psychotherapy. As Biofeedback Practitioners, also included in our work together are self-regulating and self-management tools that you can practice and integrate into your day-to-day experiences. Unmanaged or unregulated anger, despair, sadness, frustration, fatigue, etc. play a significant role in your wellness, so it is vitally important to us that you have these skills in place to navigate more powerfully growing and/or changing times.

We do schedule regular follow-up calls or appointments to monitor progress or stagnation. If for any reason, the treatment plan we have recommended is not working for you, we may modify the treatment plan as necessary.

Payment Agreement / Authorization

_____ We have priced our services as individual services. However, some of our services and treatment plans may include a variation of services. Pricing for services will vary based on individual needs, however, at the time of treatment planning, we will review and provide you with written notification outlining pricing, practitioner and client responsibilities, and the expected duration of treatments. This will be an agreement that you will sign to confirm that you have read, agree to, and understand the treatment plan. Agreement to the treatment plan is a contractual agreement meant to meet your personal self-care and wellness needs and is a commitment to that goal by both you and your practitioner.

Your agreement to the treatment plan and pricing is a commitment to the pricing quoted. Appointments, cancellations, or a failure to commit on your part does not nullify or negate the financial agreement. You are responsible for the charges agree to. Payment plans are an available option providing there is current contact and credit card information on file.

Returned, cancelled, or declined charges, for any reason, will be assessed a \$75.00 fee.

We may also use a third-party collections agency or our attorney to pursue unpaid accounts. After sixty (60) days of non-payment, we will make every attempt to contact or notify you of our intent to pursue uncollected payments owed through a third-party agency and our attorney. We will work with you in any way possible to remedy the debt without having to pursue third-party assistance. We will mail two notifications to your last known mailing address fifteen (15) days prior to referring your debt to an outside source. You agree and understand that if we utilize a third-party collections agency, your identifying and contact information will be released to these agencies for collection purposes only.

This payment agreement policy also applies to non-holistic health services such as: life coaching, spiritual coaching, credit coaching, astronumerology, and / or coaching packages.

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Practitioner Notes

Psycho-Spiritual-Emotional-Chemical Contributions

Psychological Assessments as Contributor's to Wellness / Imbalance

Spiritual Assessments as Contributor's to Wellness / Imbalance

Emotional Assessments as Contributor's to Wellness / Imbalance

Chemical Assessments as Contributor's to Wellness / Imbalance