



*We appreciate the opportunity to discuss your problems and concerns. We wish to make it clear that our intent is not to diagnose or prescribe, but to offer recommendations and information to help you establish a healthy order in your daily life. If you seek medical advice, please consult a medical practitioner. If you are seeking ways to take responsibility for your own health and well-being, we are happy to be of assistance.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Witness:* \_\_\_\_\_ *Date:* \_\_\_\_\_