

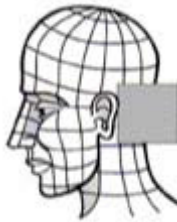
PERFECT HEALTH CONSULTING SERVICES, LLC
“Restore Individuals to Perfect Health by Balancing Mind, Body, and Spirit”
PO Box 3091 Lake Havasu City, AZ 86405
Website: www.perfecthealthconsultingservices.com
E-mail: kristen@perfecthealthconsultingservices.com
Phone: (928) 606-3984

NEW CLIENT HAIR ANALYSIS KIT

Instructions for Hair Sampling:

1. **Sampling:** Hair should be clean and dry when it is being sampled. The sample should be taken between four and twenty four hours after washing. If you have had a bleach, dye, or permanent, please wash your hair 5 times before sampling. If you have a water softener, please wash your hair 2 times with distilled or reverse osmosis water before sampling. Please read “Are there any special requirements for submitting a hair sample?” on our Hair Analysis Information website page before sampling.

2. **Sampling Location:** Head hair taken from the nape of the neck (back of the head at the neck area) will provide the best sample. The growth of the hair here is relatively steady and should give good, consistent results. If you do not have any head hair, facial, chest or underarm hair may be used, however, head hair is our first preference. We do not recommend pubic hair. Note: samples from the head and different parts of the body should not be mixed together.



3. **Equipment Needed:** A standard rat-tailed comb and a regular stainless steel scissors are all that is basically needed. For short hair, thinning shears may be used to keep from disturbing the hair style as much as possible. With long hair, a hair pin or clip may also be useful.

4. **Cutting a Sample:** Comb and lift a section of hair at the nape of the neck. Either pin or clip the section or have the patient hold it up out of the way. Separate a smaller section and cut the hair off as close to the scalp as possible. For short hair- 1 ½” in length, or less-use the entire sample. For long hair-over 1 ½” in length-cut off and use 1” to 1 ½” of the hair from the end that was next to the scalp (the root end). Discard the rest. Take several small samples from different spots and combine them. This will help assure and accurate, representative sample on the average, while leaving no noticeable “bald” places in the hair style.

5. **Amount of Sample:** There should be approximately 125 mgs in the total sample. This should be about one heaping tablespoonful. Once an adequate sample is accumulated, put the hair into an envelope. Make sure to write your name, sex, age, date of sample, and type of hair sampled on the envelope.

Payment Information:

Please check mark what payment method you will be using:

Check or Money Order Enclosed made payable to: Perfect Health Consulting Services
Check/Money Order#: _____

Credit Card / PayPal Payment (*note: credit card payment must be received online before we can mail your hair sample to the laboratory.*)

Please check mark what services/products you would like:

New Client Hair Analysis Interpretation & Nutritional Balancing Program \$119.00 by E-mail Only

Add-Ons: (added to the \$119.00 price):

Interpretation Report from Laboratory \$40.00

E-mail Address:

Please send my Hair Analysis Interpretation & Nutritional Balancing Program to my following E-mail address.

Email: _____

I would like to be added to your mailing list to receive health articles: Yes No (we will send to your e-mail address)

\$ _____ : Total Amount (US Dollars Only)

How did you hear about us? (if you found us on the Internet, please specify the website address)

Please mail us the following: New Client Information, Symptoms, Payment Information, & Membership Agreement Forms, Hair Sample in Envelope, and Check or Money Order (unless paying by credit card) made payable to:

Perfect Health Consulting Services
PO Box 3091
Lake Havasu City, AZ 86405

Note: Checks or Money Orders will only be accepted by those who live in the U.S.

New Client Information Form:

Name _____ Age _____ Sex: M F Date _____

Address _____

_____ City _____

State/Prov. _____ Postal Code _____ Country _____

Home Phone _____ Business Phone _____

E-Mail Address _____ Height _____ Weight _____

Occupation _____

What are your main health concerns or conditions? _____

Please list any medications or food supplements you are currently taking:

Please list any recent medical tests results you have, such as blood tests:

Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis. _____

DIET: What are examples of typical breakfasts for you?

Beverages

Mid-morning Snacks _____

What are typical lunches for you?

Beverages

Mid-afternoon Snacks _____

What are typical dinners for you?

Beverages

Evening Snacks _____

How often and what kind of exercise do you do? _____

About how many hours of sleep do you get per day? _____

I understand Nutritional Balancing is a means to reduce stress and balance body chemistry. It is not intended as a diagnosis, treatment or prescription for any condition or disease. I also understand Kristen Harper works as an unlicensed Nutrition Consultant, has a Master of Administration with an emphasis in Health Promotion Degree, a Bachelor of Science in Business Administration Management Degree with a certificate in Entrepreneurship, and a Nutritional Balancing Science Diploma.

Print Name: _____ Signature: _____ Date: _____

Name _____ SYMPTOM SHEET

Directions: CIRCLE any conditions that presently describe you. Put a STAR next to the most important symptoms

Joint Pain	Acne	Sinus Headaches
Joint Stiffness	Eczema	Tension Headaches
Arthritis, Osteo	Fungal Infections/Candida	Migraine Headaches
Arthritis, Rheumatoid	Psoriasis	Neuritis
Muscle Pain	Hives	
Muscle Weakness	Hair Loss	Constipation
Muscle Cramps	Slow Wound Healing	Diarrhea
Bursitis	Cataracts	Intestinal Gas
Fractures	Glaucoma	Bloating
Osteoporosis	Meniere's Disease	Heartburn
Gout	Tooth Decay	Ulcer
	Excessive Plaque on Teeth	Stomach Pain
Sweet Cravings	Gum Disease	Colitis
Sugar Reactions		Gall Stones
Irritable before meals	Get Infections Easily	Fissures
Can't Skip Meals	Epstein-Barr Virus	Hemorrhoids
Hypoglycemia	Tumors/Cancer	Cirrhosis
Crave Starches	Multiple Sclerosis	Diverticulitis
Fat Cravings	Parkinson's Disease	Tend to Gain Weight
Other Food Cravings	Scleroderma	Tend to Lose Weight
Food Allergies	Anger	
Excessive hunger	Anxiety	Anemia
No hunger	Bipolar Disorder	Easy Bruising
	Brain Fog	
Diabetes	Confusion	Abuse
Rapid Heart Rate		Drug Addiction
Skipped Heart Beats	Depression	Alcoholism
Heart Palpitations	Irritability	Smoking
Heart Attack	Mind Races	
Poor Circulation	Mood Swings	WOMEN:
Dizziness	Obsessive/Compulsive	Premenstrual Syndrome
Low Blood Pressure	Panic Attacks	Water Retention
High Blood Pressure	Poor Memory	Cramps
Angina	Suicidal thoughts	No Menstruation
Arteriosclerosis	Schizophrenia	Heavy periods
High Cholesterol_____	Trouble Sleeping	Light Periods
High Triglycerides_____	Autism	Irregular Periods
	Attention Deficit	Ovarian Cysts
Cough	Hyperkinesis	Fibroid Tumors
Bronchitis	Dyslexia	Abnormal Pap Smear
Asthma	Seizures	Menopause
Post-nasal Drip	Learning Disability	Fibrocystic Breasts
Sinus Congestion	Mental Retardation	Breast Tumors
Allergies	Delayed Development	Yeast Infections
Emphysema		Hot Flashes
	Bladder Infections	
Fatigue	Kidney Infections	MEN:
Hypothyroidism	Trouble Urinating	Prostate Problems
Low Body Temperature	Frequent Urination	Impotence
Cold in Winter/Dry Skin	Painful Urination	Infertility
Tend to Gain Weight	Kidney Stones	
Hyperthyroidism	Water Retention	
	Painful Urination	
Eye conditions_____	Kidney Stones	
	Water Retention	

Other Symptoms or Comments:

THE PRIVATE MEMBERSHIP AGREEMENT AND WHY I REQUIRE IT

In order to work with me and my associates, I now require all of our clients to join the Center For Development Association . Upon signing the agreement, and our acceptance of it, you become a member for as long as the association exists. The reason for this is that recently some state medical licensing boards or others have tried to stop the public from receiving, and practitioners from offering, alternative methods of health care, especially nutrition. This is likely due to a few unhappy doctors who feel threatened by those who may be able to heal the body without the use of toxic drugs and surgery. Instead of learning our methods, they would prefer to just stop us, even if we do no harm.

To prevent this, one method is to change your legal status from a member of the public to a member of a private membership organization. When you do this, laws that are designed “for the public” that are being misused to stop nutrition consulting, such as State Medical Practice Acts, may not apply to you. This has been upheld in courts of law, as high as the Supreme Court of the United States of America.

This change of your legal status is protected under the First, Ninth and Fourteenth Amendments to the United States Constitution. These Amendments guarantee you the right to associate, the right to assemble peacefully, and the right to contract freely with fellow members of private organizations. This can help protect your right of choice of health care and provide freedom from unwarranted interference from state and other authorities. It can also help protect and maintain your right of privacy. All private member records kept by our association are strictly protected and in most cases, may only be released upon written request of the member.

To work with us, please fill in your name below, sign at the end, and return this 2-page form with your hair sample, information sheets and payment. For minor children, a parent must sign as parent or guardian for (child’s name).

NUTRITIONAL BALANCING ACADEMY (A Private Membership Group) MEMBERSHIP AGREEMENT

I, _____, hereby apply for Membership in the NUTRITIONAL BALANCING ACADEMY, hereinafter referred to as the “Academy” - a private membership group. With the signing of this agreement I accept the offer made to become a member and I express my agreement with the following Declaration and Memorandum Of Understanding:

DECLARATION

1. This Academy of members hereby declare that our primary purpose is to protect and maintain our right to freedom of choice regarding alternative therapies, alternative modalities of treatment, health care decisions and the health improvement practices that we choose to receive - by asserting our constitutional, contractual, and civil rights.
2. As members, we affirm our belief that the Constitution of the United States guarantees all Americans, particularly members of private Academies, the right of freedom of Association, speech, assembly, belief, and associated activities. These are our inalienable rights.
3. We declare and assert the right to select those who can be expected to give the wisest counsel and advice regarding alternative therapies, alternative modalities of treatment, health care decisions and the health improvement practices and to authorize those members who are most skilled to facilitate the actual performance and delivery of health assistance and improvement methods that they and we deem appropriate. We assert these rights under the Federal and State Constitutions, Federal and State law and the statutes and regulations interpreting them.
4. We claim our freedom to choose and accept for ourselves the types of health care modalities that we think are best for determining the cause and correction of our health challenges. We do this in order that we might achieve optimal health and well-being. We reserve the right to include traditional, non-traditional or even unconventional health care options, plus other healing modalities or techniques used by health care professionals anywhere in the world that our member-facilitators choose to deliver - with our approval.
5. More specifically, our mission is to provide members with the highest quality health care available. Our concern is for the whole person - body, mind, and spirit. We strive to stay on the leading edge of new and better health technologies.
6. This Academy recognizes all persons as members, without respect to race, creed or religion, who are in accordance with our principles and policies. Membership is for the lifetime of this Academy.

MEMORANDUM OF UNDERSTANDING

I understand that those members of the Academy that provide services or advice do so in the capacity of fellow member-facilitators in a private manner and not in the capacity as public health-care providers. I understand that within the Academy no Public-Doctor-Patient or Public-Therapy-Client relationship exists. Within the Academy, I freely choose to change my legal status from that of a Public Health-Care Recipient, to that of a Private Membership Academy care recipient. I realize that in doing so I relinquish certain Federal and State protections and privileges. I understand that it is my personal responsibility to evaluate the services offered and to educate myself as to efficacy, risks, or desirability. I agree that the actions I take, in this regard, are my own free-will decisions. If I am accepted for membership, I will exercise my rights for my own benefit and agree to hold harmless the Academy and member-facilitators from any unintentional liability that might result from the advice or services I receive, except for the harm that could remotely result from an instance of "a clear and present danger of substantive evil" - as determined by the Academy and as defined by the United States Supreme Court.

I understand and accept that, since the Academy is protected by the First, Ninth and Fourteenth Amendments to the United States Constitution, it is exempt from any action of Federal and State agencies entrusted to "protect the public" – as it relates to any complaints or grievances against the Academy, its physical premises or equipment, its Trustees, member-facilitators or other associated staff or consultants. All complaints or grievances will be settled by non-judicial mediation, within the Academy. Also, those membership and private member records kept by the Academy are strictly protected and can only be released upon written request of the subject member.

I agree that I am joining this Private Membership Academy under the common law. I understand that members seek to help each other achieve and sustain better health. I accept that the facilitators, and other health-care providers, who are fellow members, offer advice, services, and benefits that are not necessarily conventional or traditional.

As a Member, my goal is to accept those health and wellness services that I feel will truly help me. I will choose procedures that I consider proper and have a reasonable chance of making my health and life better. I realize that no health screening, resulting conclusions or health care services are foolproof. For example, if I choose to forego drugs, surgery or treatments that have been recommended by others, in the public sector, I accept that risk. I assert my right of informed consent.

My activities within the Academy are a private matter and I refuse to share them with any Federal or State regulatory enforcement agency, medical board, FDA, Medicare or Medicaid. The health and/ or sickness records that I have shared with other members remain the property of the Academy. I, in becoming a member, agree not to file malpractice, civil or criminal lawsuits against a fellow member, unless that member exposes me to a clear and present danger of substantive evil. I further agree that all Academy members are exempt from the provisions of any state Medical Practices Act, Federal Food Safety Modernization Acts, Codex Alimentarius or any similar federal or state legislation.

I enter into this agreement of my own free will, or on behalf of a designated dependent, without any pressure or promise of benefit. I affirm that I do not represent any state or federal agency whose purpose is to regulate the practice of medicine or any other health care system. I accept that membership does not entitle me to any voting interest in the Academy. I acknowledge I am not liable for any debts, liabilities, suits or judgments against the Academy.

I have read and understand this contract and any questions I had were answered fully to my satisfaction. This document consists of my entire agreement for membership and it supersedes any previous agreement I may have made.

I understand that my membership fee entitles me to receive those benefits declared by a Trustee to be general benefits, free of further charge. I also agree to pay, as levied, for those benefits that I request and receive that are declared to be special assessments, as per a posted fee schedule.

I understand that \$10.00 of my initial consultation fee is for consideration for my membership, but *this fee has been waived by the Academy*. The term of membership begins with the date of the signing and acceptance of this agreement and continuing until the dissolution of this Academy. By these presents I do certify, attest, and warrant that I have carefully read this application for membership and I fully understand and agree with all of the provisions stated herein.

IN WITNESS WHEREOF I set my hand on this the ___ day of _____, 20__

Print Applicant's Name: _____

Applicant's Signature: _____