

Health History Questionnaire

It is not required to answer the questions if this pertains to you. ABelleVi would like to assure you that all personal information concerning our clients is held in strict confidence and will be used for the sole purpose of defining focus on the frequency evaluation and preparing a custom herbal program. (Optional) Being aware of the answers to these questions is the first step for you to become self-reliant in healing matters.

FULL NAME _____ PHONE (____) _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP _____ BIRTHDATE _____ MALE _____ FEMALE _____ HEIGHT _____
 WEIGHT _____ BLOOD TYPE _____
 OCCUPATION _____ EXPOSED TO CHEMICALS AT WORK? **Y / N**

LIST THE CHEMICALS IF KNOWN _____

DO YOU TAKE NECESSARY PRECAUTION TO PROTECT YOURSELF FROM THESE CHEMICALS? **Y / N**

HOW LONG? **MARRIED** **SINGLE** **SEPARATED** **DIVORCED** **WIDOWED**

OF CHILDREN _____ AGES _____ # MISCARRIAGES (IF ANY) _____

EXPLAIN COMPLICATIONS _____

LIST SURGERIES & DATES PERFORMED _____

LIST ALL MISSING ORGANS _____

SMOKE? **Y / N** CIGARETTES _____ BRAND _____ CIGARS _____ PIPE _____ HOW MANY DAILY? _____

ALCOHOL? **Y / N** TYPE _____ HOW OFTEN? _____

CHECK ANY OF THE FOLLOWING SYMPTOMS YOU EXPERIENCE:

PAIN IN JOINTS		NO APPETITE		DIZZINESS		INSOMNIA		ANXIETY	
FORGETFULNESS		LOW ENERGY		HAIR LOSS		FATIGUE		HEADACHES	
RINGING IN EARS		DEPRESSION		VOMITING		NAUSEA		DIARRHEA	
BLURRED VISION		CONSTIPATION		RASH		OTHER			

HAVE YOU EXPERIENCED ANY EMOTIONAL OR PHYSICAL TRAUMA THAT COULD HAVE CONTRIBUTED TO YOUR CONDITION? **Y / N**
 EXPLAIN _____

HAVE YOU BEEN DIAGNOSED WITH A TERMINAL ILLNESS? **Y / N** DIAGNOSIS _____

DOCTOR'S NAME _____ PHONE (____) _____
 ADDRESS _____

NATUROPATH'S NAME _____ PHONE(____) _____
 ADDRESS _____

LIST ALL PRESCRIPTIONS AND/OR OVER THE COUNTER DRUGS YOU ARE USING AT THIS TIME:

LIST ALL HERBS, VITAMINS, MINERALS, AND OTHER SUPPLEMENTS YOU ARE TAKING AT THIS TIME:

**THE PRICE OF FREEDOM IS RESPONSIBILITY
 PARTICIPANT ADVISORY DISCLAIMER**

I understand that many herbs have not been approved by the FDA even though they have been used successfully for thousands of years and that some herbs may cause side effects or allergic reactions in some people and that people have died from allergic reactions to peanuts.

I understand that part of AVelleVi's research includes psychotronic technologies and that these technologies are highly reliant on the intuitive abilities of the operator.

I understand that it is my right and the right of those affiliated with ABelleVi to be in total accordance with the First Amendment of the United States Constitution, which grants the right to discuss openly and freely all matters of public concern, and express viewpoints no matter how controversial or unaccepted they may be. Also, it is not our intention to replace qualified medical health care, nor are we attempting to make any medical diagnosis or claim we can cure you. I accept the responsibility to recognize a condition that requires a medical doctor and to choose that health care with discretion.

I HAVE READ THE ABOVE ADVISORY DISCLAIMER AND AGREE TO IT STATEMENT _____

IF THE PARTICIPANT IS UNDER 18 THE ADVISORY DISCLAIMER MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

FULL NAME OF MINOR _____
 (PRINT) _____ DATE _____

PARENT OR RESPONSIBLE LEGAL GUARDIAN (PRINT) _____
 RELATIONSHIP TO THE _____

SIGNATURE _____ DATE _____