



BioMeridian (BIM) Testing Consent Form

Welcome! Thank you for choosing *Balancing Your Health, LLC* for your natural health care needs.

We realize that these forms are rather extensive, but it is extremely important for you to answer every question completely before returning them. Your cooperation will help us help you. Thank you!

Name: _____ Today's Date: _____

E-mail address: _____ Birth date: _____

Address: _____

City: _____, State: _____, Zip: _____

Phone: (Home) (_____) _____ (Cell) (_____) _____

Please use the following key to indicate your responses to the following questions.

1= Never 2=Rarely 3=Sometimes 4=Frequently 5= Daily

Please mark one answer for each question.

| Meridian | Question | Rating |
|----------|--|--------|
| LY | Do you experience recurrent infections, sinusitis, postnasal drip, or swollen lymph nodes, etc.? | |
| LU | Do you experience recurrent respiratory infections, coughs, bronchitis, pneumonia, asthma, etc.? | |
| LI | Do you experience bouts of diarrhea or constipation, gas, bloating, etc.? | |
| NE | Do you experience irritability, nervousness, trembling, anxiety, or memory problems? | |
| CI | Do you have cold fingers or toes, blood pressure problems, varicose veins, arteriosclerosis, etc.? | |
| AL | Do you react to pollens, molds, foods, seasonal irritants, perfumes, animal dander, etc.? | |
| OR | Do you have slow metabolism, are you always hungry, have low energy at specific times of day? | |
| TW | Do you have mood swings, problems sleeping, are you always cold, have chemical imbalances, etc.? | |
| HT | Do you experience palpitations, arrhythmia, impairments from prior infections, weak valves, etc.? | |
| SI | Do you have recurrent yeast infections, frequent antibiotic use, poor diet gas, bloating, etc.? | |
| GV | Do you experience spinal stiffness or pain, headaches, mental confusion, depression, etc.? | |
| PA | Do you have diabetes, hypoglycemia, irritability, shaking if you skip a meal, etc.? | |

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| SP | Do you experience chronic fatigue, recurring infections, lowered immune response, etc.? | |
| LV | Do you experience jaundice, high cholesterol, discomfort in the liver region, blood disorder, etc.? | |
| JO | Do you have arthritis, back pain, discomfort when moving, weather triggered ailments, etc.? | |
| FI | Do you have fibromyalgia, rheumatism, carpal tunnel, slow recovery after exercise, etc.? | |
| SK | Do you have rashes, dryness or cracking, scaly patches, eczema, acne, psoriasis, etc.? | |
| FA | Do you have lipomas, degenerative liver disease, breast tumors, problems burning fat, etc.? | |
| GB | Do you have a history of gallstones, discomfort after eating rich foods low fat metabolism, etc.? | |
| KI | Do you experience edema, gout, pain in the lower back, burning urination, kidney stones, etc.? | |
| UB | Do you have recurring infections, itching or yeast problems, painful urination, "leaking", etc.? | |
| Female | Do you have PMS, menstrual pains or discomfort, irregular periods, mood swings, hot flashes, menopausal symptoms, etc.? | |
| Male | Do you experience urinary discomfort, frequency of urination, etc.? | |
| Teeth | Do you have sensitive teeth or experience pain or discomfort in the teeth, gums, or jaw region? | |
| Stress | Do you experience stress from work, finances, society, or relationships that you feel cause physical ailments? | |
| Energy | Do you lack motivation, drive, perseverance, stamina, or endurance? | |
| Well-Being | Do you lack a sense of happiness, joy, feelings of fulfillment, a positive outlook on life? | |
| Immune | Are you susceptible to infections, allergies, or sensitive to pollution, or work environment? | |

CLIENT STATEMENT

I understand that my health is my responsibility and I am here to learn about nutrition and better health practices. I will be offered information about food supplements, oils, homeopathics, frequencies, and herbs as a guide to general good health. This is considered a personal ministry of natural health care and I have requested this information. Whether or not I ultimately choose this route to good health is strictly my decision. I understand that those who counsel me are not medical doctors or practitioners and I am not here for medical-diagnostic purposes or treatment procedures. I am not, on this visit or any subsequent visit, an agent for any federal, state, church, or local agencies, or on a mission of entrapment or investigation. The services performed in/by this office are at all times restricted to consultation on the subject of nutritional matters intended for my education and the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of medications for disease.

Signature: _____ Date: _____