

PERMISSION AND AUTHORIZATION FORM

I authorize Blooming Health LLC, to perform evaluation and set up a program for the purpose of enhancing my health. I understand that all recommendations concerning diet, lifestyle changes, suggested dietary supplements and homeopathic remedies are meant to naturally correct body imbalances and to improve one's physical and emotional wellbeing. They are not intended being a substitute for regular medical care.

I understand that Blooming Health LLC doesn't diagnose or treat any disease. No promise or guarantee has been made regarding the results of the evaluation or of the proposed program. A chronic health condition usually takes several years to develop and can take many months to heal. For best results, please, commit to regular visits every 3-4 weeks for a period of at least several months to observe improvement.

I understand that natural healing sometimes provokes a healing reaction. This is not a side effect. A healing reaction means your body is trying to eliminate toxins (that were stored in your body probably for a very long time) and it can manifest as temporary aggravation of your symptoms, or new symptoms may appear. Such symptoms usually disappear within few days. If the healing reaction is severe, decrease the recommended doses of supplements to ¼ for few days and increase water intake. Then return slowly to the full dose over the period of several days.

Privacy Statement

All the information you provide Blooming Health LLC about your health is kept private unless you request the release of information to a third party in written.

Payment and No Show Policy:

Payment is due at the time of the appointment. Appointments can be re-scheduled at least one day before the scheduled appointment by phone or e-mail. If the appointment is cancelled during the day of the appointment or the person doesn't "show up", \$50 charge will be applied to his/her account.

Date: _____

Print name: _____

Signed: _____

(for minor child, signature of parent or guardian)

About the practitioner: Dr. Vladimira Dragnea has a Ph.D degree in Biochemistry (Orsay, France) and a Master Herbalist certificate from the Global Institute for Alternative Medicine, an accredited school in state of California. She is a Certified Holistic Health Practitioner by an American Association of Drugless Practitioners. She holds a Natural Wellness Certificate and Doctor of Naturopathy for Healthcare Professionals certificate from Clayton College of Natural Health. She is Eden Energy Medicine Certified Practitioner and authorized EM101/102 teacher. She has attended seminars on Meridian Response Technique, nutrition, brain and neurotransmitters, Functional Blood Analysis, complex homeopathy and she is also trained in Korean Hand Energetics.

Questionnaire

Date: _____
Name: _____ Date of birth: _____ Age: _____
Address: _____ City: _____ State/Zip _____
Contact Telephone: _____ E-mail: _____
Occupation: _____
 Fulltime Part time Unemployed Self-employed At home
Employer _____
Sex: F M Height: _____ Weight: _____ 3 years ago _____
Living situation: Alone Partner Spouse Friends Parents Children Pets

Current diagnosis:

Family Doctor: _____ Tel: _____

Last physical exam: _____

Medical History: list all surgeries & dates:

Family History: describe any major health issues in the family:

Mother: _____

Father: _____

Siblings: _____

Grand-parents: _____

What treatments have you attempted previously (conventional/alternative)?

Currently taking - Supplements:

LIFESTYLE:

Which areas of your lifestyle would you like to improve:

- My level of anxiety
- My diet and nutrition program
- More time spent in nature
- My feelings around career
- My communication skills
- My pace of living
- My weight
- My creative expression
- My social and family life
- More quiet time or rest
- My exercise program

Are you on any special diet? _____

Do you know your blood type? A B AB O Don't know

Do you use artificial sweeteners? YES NO Do you use margarine? YES NO

Do you buy organic food? YES NO How many times a week do you eat fish? _____

What type of cooking oil do you use at home? _____

How many hours per week do you work out? _____

How many hours do you watch TV in a week? _____

Favorite recreational activities: _____

How many hours of sleep do you get each night? _____ Do you wake up rested? _____

Level of stress : 1-10 (10 = highest) _____

Coffee _____ cups/day

Alcohol _____ drinks/ week

Typical breakfast: _____

Typical lunch: _____

Typical dinner: _____

Drinks during the day: _____

Snacks during the day: _____

TOXIC EXPOSURE:

Do you drink - tap water bottled water purified water?

Have you recently remodeled your house? _____

Do you work with X-rays, computers or other sources of radiation? _____

Do you have mold in your house? _____