

Colitis & Crohn's Health Recovery Center
David Klein, Ph.D., Director
P.O. Box 256
Sebastopol, CA 95473 USA
<http://www.colitis-crohns.com>
Dr. Klein: Phone: 707- 829-0462. Fax: 240-414-5341
Customer Service: (707) 566-0404

Dear Client,

Below is the **Health Questionnaire** and **Client Statements of Understanding and Agreement**. Please fill it out, sign or type your name, then return it to me with \$25 payment for my review and evaluation work by e-mail, fax or postal mail. The fee can be paid by credit card on the day of the consultation. Clients are required to study and apply the self-healing plan detailed in *Self Healing Colitis & Crohn's*. You can order the book online at <http://www.colitis-crohns.com> or call our customer service line at (707) 566-0404. I'm glad to assist you in self-healing and creating lasting health.

Sincerely yours,

David Klein, Ph.D.
Director, Colitis & Crohn's Health Recovery Center
dave@colitis-crohns.com
<http://www.colitis-crohns.com>
Consultation phone: 707-829-0462 (please call only during weekday business hours, Pacific Std. Time)
Fax: 240-414-5341
Customer Service for book and magazine orders: 877-740-6082
Online Bookstore: <http://www.livingnutrition.com/bookstore.html>

BOOKING CONSULTATIONS: It is the client's responsibility to set up the consultations and confirm each one. Dr. Klein not able to return out-of-the-country calls except to Canada and Mexico. E-mail dave@colitis-crohns.com or call 1-707-829-0462. Please do not call before 9:00 a.m. or after 6:00 p.m.

CONSULTATIONS BY PHONE OR SKYPE:

- * Client sets the appointments and makes the calls.
- * Dr. Klein is not able to return non-U.S. calls except for Canada & Mexico.
- * Consultations are held Monday through Friday. between 12:00 & 3:00 pm Pacific Time.
- * Please confirm appointments.
- * Call Dr. Klein at 707-829-0462 on time. Or, call him by Skype—Dr. Klein's i.d. is Davadurian.
- * Consultation rate is \$2.50 per minute.
- * Dr. Klein does not normally work on weekends and can't guarantee availability. If client urgently needs help on weekend days, the billing rate is \$3.00 per minute.
- * If your budget is a concern, let Dr. Klein know your limit. Dr. Klein does not turn away anyone – let him know if you need sliding scale.
- * Payment is due before or on the date of consultations. Visa, Mastercard and Discover are accepted.

CONSULTING BY THE MINUTE

SERVICES:

- * Review of Health Questionnaire
- * Education.
- * Diet, self-healing & lifestyle coaching by phone or in-person.
- * Initial consultation must be either by phone or in-person.
- * Ongoing e-mail and phone guidance and support. E-mail guidance is limited to brief question and answer and Dr. Klein’s time is billable.

CONSULTING PACKAGE:

4 HOURS OF COUNSELING OVER A CONTRACTUAL PERIOD NOT TO EXCEED 4 MONTHS:

LUMP SUM USD \$500 for U.S. mailing address

LUMP SUM \$540 for non-U.S. mailing address

SERVICES:

- * All basic services listed above.
- * Up to 4 hours of assistance
- * Copies of:
 - * Self Healing Colitis & Crohn’s
 - * Self Healing Power!
 - * Your Natural Diet: Alive Raw Foods
 - * The Science and Fine Art of Natural Hygiene
 - * The Raw Food Pyramid/Food Combining Chart
 - * High Energy Methods
 - * The Art of Rejuvenation
 - * Raw ‘n Delish Vibrant Recipes
 - * Latest volume of Living Nutrition Magazine
 - * The Fruits Of Healing
 - * Fasting for Renewal

uMMA Vitamin B12 Test

- * The urinary methylmalonic acid test indicates your cellular vitamin B12 level. This is the only known effective test for vitamin B12.
- * Procedure: Request a test kit. Fill the tiny vial with urine. Send to the testing lab in the pre-addressed envelope.
- * Fee: \$139.

HEALTH QUESTIONNAIRE + CONSULTANT STATEMENTS OF UNDERSTANDING AND AGREEMENT

Notes:

1. Handwritten or typewritten signature is required.
2. It is the Client’s responsibility to contact Dr. Klein and set up consultations by phone or e-mail and make the phone calls.
3. Please call Dr. Klein’s office phone only between the hours of 10:00 a.m. and 6:00 pm. Pacific Std. Time, Monday through Friday. Phone: (707) 829-0462.
4. Payment by credit card on the day when services are rendered is required. Prepayment by check payable by a U.S. bank is acceptable. Fee for review and evaluation of the Questionnaire is \$25.
5. Dr. Klein is not able to give diet and health recommendations before he has reviewed a

completed Health Questionnaire and received a signed Consultant Statements of Understanding and Agreement.

6. Dr. Klein can only counsel clients who have read Self Healing Colitis & Crohn's in its entirety and have read Sections 4.4 and 4.5 at least 5 times.

7. If you'd like ongoing help, you must keep an e-mailable or faxable daily diary with your diet and condition details.

8. Dr. Klein can only work with clients who understand the principles of self-healing, toxicosis/toxemia, detoxification, weight loss and natural diet, and who understand that this program is not a quick fix, and who understand that patience and plenty of rest for an extensive time frame are needed to heal and rebuild, and who fully respect and appreciate their teacher/counselor Dr. Klein. If the Client has any questions and conflicts with any of these conditions, the Client is required to discuss them with Dr. Klein. A positive health partnership is the goal.

Name:

Today's date:

Consultation is scheduled for:

Tuesday

Wednesday

Thursday

Month:

Time:

12 noon Pacific Time

1 pm Pacific Time

2 pm Pacific Time

3 pm Pacific Time

E-mail address:

Postal mail address:

Phone number:

Where or how did you find Colitis & Crohn's Health Recovery Services?

If on the internet, which search engine, please?

How will you be paying for the consultation?

Credit card holder's name:

Card number:

Expiration date:

Age:

Birth date:

Height:

Weight:

Describe any recent weight loss or gain:

If you can e-mail me a photo of yourself that will help me know you better.

Occupation:

Are you now working? How many hours per day?

Are you or your family dependent on your income?

Are you under any financial stress?

Medical diagnosis and health condition:

How long have you been sick with a colon or intestinal problem?

Are you currently bleeding heavily?

Have you thoroughly read and studied *Self Healing Colitis & Crohn's* (Chapter 4 at least 5 times is recommended)?

When did you begin implementing its dietary recommendations?

Are you on disability or considering it?

Are you able to stop working and take a complete rest for a few weeks?

Are you under any family stress?

Will your family and advising medical doctor support you in making diet and lifestyle changes per *Self Healing Colitis & Crohn's*?

Do you have inflammation now?

Do you have a fever now, or have you had a fever recently?

Describe your recent and current health problems & symptoms:

Describe your digestion (gas/stomach distress/etc.) and when problems occur:

Describe your bowel movement form, difficulties and frequency (e.g., diarrhea/stools/straining/bleeding/mucus/pains):

How many bowel movements have you had in the last 24 hours?

Are you now under medical care (please describe)?

Summarize past health problems:

Describe past and present medications, alcohol, tobacco and recreational drug use:

Describe your energy levels during the day and evening:

How many hours of sleep do you get?

Do you take rests and naps during the day?

Please list questions you have about the information and plan in *Self Healing Colitis & Crohn's*:

What are your favorite foods?

Describe your eating habits, how much you eat, and any recent changes in you diet:

What approximate percentages of your entire diet did these foods make up 1 month ago, 1 week ago and now:

Meat: / /

Dairy: / /

Cereals/pastas/bread/grains/pastries: : / /

Fresh/raw fruit:: / /

Cooked vegetables & potatoes:: / /

Fresh/raw vegetables: / /:

Raw nuts and seeds: / /:

Beans/legumes: / /:

Snacks (e.g., crackers, cookies, chocolate, ice-cream, candies, etc.): / /:

Carbonated soft drinks: / /:

Coffee: / /:

Teas: / /:

What is the approximate percentage of your diet that is raw/uncooked food?

Do you use table salt?

Do you use spices or seasonings?

Do you use bottled salad dressings or mayonnaise?

Please list any supplements/vitamins/remedies you take:

If you eat meat, do you believe you can or cannot give it up?

Do you have any food allergies?

What kind of water do you drink, and how much?

Do you ever drink chlorinated city water?

Is your household water chlorinated, and if yes, do you have a shower filter?

Do you have a juicer (what kind)?

Do you have a steamer?

Do you cook with any aluminum pots and pans (not recommended)?

Do you monitor your blood pressure and saliva pH?

If you are a female are you pregnant?

How is your appetite?

Do you wake up hungry?

Are you able to exercise? - describe:

What are your favorite leisure time activities/hobbies?

Do you have a spiritual and/or self-improvement practice? - describe:

Are there any parts of your body and life that you do not like? - describe:

Please describe any fears, shame and worries you have and how much you believe they are affecting your health and happiness:

Please describe any other kind of health support or therapy you are now having:

How fast do you want to go with your diet and healthful lifestyle transition?

What aspect(s) of the Vegan Diet self-healing plan are you unsure about?

What would you like to learn more about?

* * *

***REQUIRED — PLEASE FILL OUT AND SIGN OR INITIAL**

**Colitis & Crohn's Health Recovery Center
Client Statements of Understanding and Agreement**

I _____ (Client) agree to consult Dr. David Klein (Consultant) of Colitis & Crohn's Health Recovery Center for self-healing, health education and counseling services at the following pay rate: _____.

The Client understands that:

- * The Consultant is not a medical doctor nor a physician.
- * The Consultant does not diagnose, treat or advise in medical areas.
- * The Consultant is a Hygienic Doctor with a degree in Natural Health and Healing from the University of Natural Health, concentrating in educating and guiding people with inflammatory bowel disease to recover their health via implementing healthful living practices.

- * The Consultant is also a Nutrition Educator, educated, trained and legally certified by the state of California through Bauman College to counsel people in matters of nutrition and health.
- * The Consultant welcomes working in concert with medical doctors and registered nurses of the Client's choice.
- * The Consultant's ability to provide effective healing counseling services is dependent upon the completeness and depth of information provided by the Client and his/her medical doctor.
- * The Consultant requires that the Client promptly notify the Consultant of any great concern related to healing or illness symptoms, pains, or difficulties, if the Client deviates from the Consultant's guidance, if the Client is confused, and if the Client undergoes any kind of new or increased or decreased medical or non-medical treatment.
- * The Consultant's goal is to help the Client self-heal his/her illness condition and become healthier in a manner which is safe and comfortable.
- * The best healing results are realized via a complete rest of a duration which is dictated by the Client's physiological needs.
- * The Consultant can only work with the Client if his/her family and advising medical doctor support the approach advised by the Consultant.
- * The Consultant can only work with Client if his/her goal is to make a safe, medically-approved transition off all drug therapies for inflammatory bowel disease as well as other non-recommended "healing remedies"
- * There is some risk in this and any detoxification program. In all cases of inflammatory bowel disease, the body already is in an accelerated detoxification mode due to an overload of disease-causing toxic matter in the body. In the process of completely eliminating this toxic matter under the Consultant's natural detoxification plan, increased symptoms are temporarily experienced by a small percentage of Clients. Also, detoxification causes every client to experience temporary weight loss, as toxic matter is eliminated. The Consultant strives to avoid detoxification problems. If detoxification symptoms including weight loss do begin to become extreme, the Consultant will recommend modifications to the Client's diet and self-healing program aiming to slow down the detoxification process to a safe and more comfortable pace. If at any time during the self-healing program when detoxification concerns cannot be quickly resolved, it is the Client's responsibility to obtain medical help as needed and to inform Dr. Klein of the situation.
- * The Consultant requires that Client take full responsibility for his/her decisions and actions and communicate with the Consultant in a courteous, respectful manner. The Consultant is not able to work with a Client who is angry, blaming, threatening and disrespectful.
- * The Consultant puts his heart into his work and does his best to compassionately help the Client.

* The Consultant requires open and honest communication and always strives to give satisfying service.

* If the Client is dissatisfied with the Consultant's services and would like a refund, the Consultant requires that the Client kindly notify the Consultant of this in a timely manner for a full and final release.

The Client agrees to:

* Make a full commitment to implement the healing and health-building guidelines detailed in *Self Healing Colitis & Crohn's* and those recommended by Consultant, and to make this natural health approach his/her lifestyle with the goal of realizing a life of disease-free wellness.

* Study *Self Healing Colitis & Crohn's* on a daily basis until the information is fully understood and implemented on a daily routine basis.

* Set up the consultations, confirm each one and make the phone calls.

* Pay the Consultant for all of his questionnaire review and evaluation work, education and counseling work on the day of all rendered services.

* Work no more than four hours per day and only if necessary and physically possible and if the work is low-stress, and take a sabbatical with complete rest as soon as possible.

* Furnish copies of blood chemistry tests made within the last six months. If blood tests have not been conducted within the previous four weeks, have a new full panel of tests made, and submit a copy of the report to the Consultant.

* Keep a daily diary with diet, activity, health symptom and health condition details in e-mailable or faxable format, and provide updated diaries to the Consultant prior to consultations. (This is required.)

* Take full responsibility for his/her decisions and actions.

* Take full responsibility and the initiative for determining if he/she needs medical attention, as the Consultant cannot make that determination since he is not a physician. The name(s) and phone number(s) of the Client's advising medical doctor(s) who the Client will contact if medical attention is needed is/are as follows:

* Continue his/her health education during and after the healing phase. Additional recommended health education materials are available via the Consultant from his *Living Nutrition's Health Mastery Catalog* and from the Living Nutrition Online Bookstore at

<http://www.livingnutrition.com/bookstore.html>.

Client: please sign your name indicating your understanding and agreement:

Date _____

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**Colitis & Crohn's Health Recovery Center
HEALTH DIARY**

**KEEP A MASTER COPY FOR EVERY DAY USE.
DR. KLEIN REQUIRES YOUR PREVIOUS DAY'S DIARY BEFORE HE CAN HELP YOU.**

HEALTH DIARY FOR (NAME):

1. Date
2. Weight in lbs.
3. How I felt today
4. Energy level
5. Symptoms
6. Main concerns/struggles
7. Questions I have
8. Healing signs
- 9a. No. of BMs. 9b. Diarrhea? 9c. Blood? 9d. Mucus?
- 10a. No. of hours of sleep 10b. No. of hours of rest
- 10c. No. of hours of work/chores 10d. No. of hours of exercise
- 10e. Type of exercise
11. Total water intake in quarts or 8 oz. glasses
12. Morning foods/drinks and quantity

- 13. Midday foods/drinks and quantity**
- 14. Afternoon foods/drinks and quantity**
- 15. Evening foods/drinks and quantity**
- 16. Seasonings**
- 17. Supplements**
- 18. Medications and dosage**
- 19. Therapies**
- 20. Medical advice received today**
- 21. Natural Hygiene literature I read today**
- 22. Tests and health medical exams I am planning**
- 23. Healing and lifestyle plans I am making**
- 24. My affirmation of the day**
- 25a. Need to set up a consultation with Dr. Klein?** **25b. When?**
- 26. Other info**