

Haven for the Homeless Health Information request form.

This questionnaire must be completed, signed and returned before Homeless Medic Health Information is offered.

The Health Information will be a combination of the below list of "Lifestyle Suggestions.

- **I Trust In God**, This is a most important step as we position ourselves to be ready for Divine Healing. All of us need Divine Healing!
- **II Deep Breathing**, out of doors if possible and as near of an evergreen tree; the air is Negatively Charged. We may live for weeks without food, days without water but only 4 or 5 minutes without air!
- **III Mega-Juicing**, This is the only way to obtain all of the nutrition needed to remain healthy; we can impact any disease condition with proper nutrition. We must discover which foods heals and which foods kills.
- **IV Rebounding** on a mini trampoline, plus other forms of movement, such as walking and gardening, this is part of the immune system empowerment.
- **V Hydro-Therapy, Sauna Baths, Contrast Showers and Fever Baths**. This is Detoxification and Immune System Charging at its best. You've got to learn this! Hydration equals health, dehydration equals an unhealthy condition.
- **VI Bowel Management** Learning which Herb and Foods are used to promote daily bowel movements is of the greatest importance. Detoxification or Disease! Constipation may be dangerous!
- **VII Earthing/Grounding**, this is vital to circulation; the greatest secret to health! This may be one of the greatest health discoveries ever known!
- **VIII Sun Bathing and Skin Brushing** for Immune System empowerment.
- **IX Greater Knowledge of God's Herbs** that He gave for the healing of His People. You will discover what the "Sick-Care System" is not teaching.

“Homeless Health & Wellness Questionnaire”

- What medical condition(s) do you have now? _____

- What drug medications are you taking? _____

- Do you know what the side effects and contraindications are for each drug? Yes / No
- Are you constipated? Yes / No. How often do you have a bowel movement? Daily/ Every Other Day / Weekly / Other
- Do you have any skin problems? Yes / No
- Do you smoke? Yes / No If yes, How many per day _____
- Do you drink alcohol beverages? Yes / No, How often? _____
- How many hours do you sleep each night _____
- How much water do you drink per day in glasses _____?
- Have you ever had surgery? Yes / No

What is your body type? Small / Medium / Large / X-Large

What would you like the Homeless Health Medic to help you with?

This questionnaire is for research purposes only. We are gathering info to determine how lifestyle changes impact health. This info will not be shared with anyone!

Being of sound mind and judgment and able to make my own personal life decisions, I _____ hereby declare:

1. That I know of no restrictions placed upon me by my own knowledge of my personal health nor by any licensed medical doctor that would preclude my choosing to follow any of the possible suggestions that are made in this Haven for the Homeless Health Information Package and if I believe that any of the suggestions made in conjunction with its use may possibly be restricted by my medical doctor, I will consult with him/her before implementing these suggestions that are outlined in this Health Information Package.

2. That I understand and it has been explained to me by The Haven for the Homeless Medic staff that They are not medical doctors, naturopaths, dietitians, massage therapists and/or any other health field professional requiring licensing by Tennessee or Georgia State Statute and that The Haven for the Homeless Medic and volunteer staff does not diagnose, treat, nor mitigate in the treatment of any disease or condition.

3. That I understand that I have asked The Haven for the Homeless Medic's and volunteer staff to tell me what they would do if the Personal Information that I am providing were their own and that I am personally making the choice of whether I would do the same things they have said they would do if the information on the questionnaire that I am returning to them for research purposes only was theirs. I understand that The Haven for the Homeless Medic and volunteer staff is offering their Health Information free of charge.

4. That I hereby agree to hold The Haven for the Homeless Medic and volunteer staff harmless for any mental and/or physical condition I might or might not have previously been diagnosed with, am or am not presently diagnosed with, and/or may or may not be diagnosed with in the future and that I will pay all of the

Haven for the Homeless Medic and volunteer staff attorney's costs in connection with any legal suit I, my family and/or relatives might file against them should I renege on this agreement now or at any time in the future.

5. That I understand that The Haven for the Homeless Medic and volunteer staff are giving of themselves in ministry and their services are for informational and inspirational purposes only; the suggestions given in this Health Information Package are not a substitute for needed medical care.

6. My participation in this Christian Life-Style restorative program called the Haven for the Homeless Medic Health Information Package in all of its phases is a willful, voluntary act on my part done without force or coercion. All assistance with applying the principles and practices of Life-Style changes whether handwritten, verbal or any other means of assistance are not to be construed as the Haven for the Homeless Medic and volunteer staff as practicing medicine but rather as obedience to God's command to heal the sick using biblical approved methods of lifestyle changes.

Sign Name here

Date:

Witness:

Date:

Please complete, sign and return these three sheets to Monroe the Medic

This document will protect us from greedy people seeking to cause harm!