

**CLIENT PERSONAL INFORMATION**

Please complete this form and fax it back to +1-661-459-2329 at least two days before appointment. Bring the original to the office. Call 830-510-2414 for appointment. Please sign and include payment information at the bottom.

**Client Information**

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Education: High School, College, College+. Occupation/Profession \_\_\_\_\_

Alternative contact name \_\_\_\_\_ Phone \_\_\_\_\_

Blood Pressure \_\_\_\_/\_\_\_\_; Cholesterol Total \_\_\_\_, HDL \_\_\_\_, LDL \_\_\_\_, Weight \_\_\_\_\_, Height \_\_\_\_\_

**CLIENT REQUEST AND DECLARATION**

I, the undersigned, request Andre A. Kulisz, Ph.D., ND, to perform an evaluation and/or interview with me and set up a program for the purpose of reduction of stress, enhancement of my health and health education. Andre A. Kulisz, Ph.D., ND, has advised me and I acknowledge and understand that he is *not* a allopathic doctor. He is a scientist and medical researcher, naturopath and an alternative/complementary health practitioner.

*I certify that I read Dr. Kulisz's [disclaimer](#) and acknowledge and understand that he a Doctor of Science (PhD) in application of science in medicine and a Naturopath (Naturopathic Doctor). I understand that among other credentials, he is an established medical researcher with a number of [medical patents](#) to his name, he is a licensed Naturopath (ND) in the District of Columbia and in all countries of the European Union; he is an advanced biofeedback practitioner, the author of a book on female incontinence "Drips, Leaks and Low Spirits – A Woman's Guide to Bladder Control, Infections and Depression", and the author of a number of articles in journals such as Whole Food Nutritional Journal, Journal of Urology and a number of health-oriented editorials in various papers. He has also established and conducted clinical trials on the influence of nutritional supplements on health recovery and support, and was a member of a scientific advisory board for a nutritional journal.*

I understand that the resulting health-enhancement program is not a treatment and is not intended as diagnosis, prescription, or treatment of any disease, physical or mental. It is also not intended as a substitute for regular medical care.

I understand, I retain the right to freedom of choice in health care and any other services. This includes, but is not limited to my diet, purchase, and/or use of any therapy, regimen, modality, remedy, or product.

**The enumeration in this declaration of these rights shall not be construed to deny or disparage the other rights retained by me, or my right to amend this declaration at any time.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

Payments due when services rendered. Consultation fee is \$150.00/hr, half-an-hour minimum (\$75.00). Analyses, supplements and formulations extra and must be approved by you before provided. There is a charge of \$75.00 for paper Health Assessment Questionnaire (\$49.95 for electronic version at <http://myfoodforhealth.com>). We will NOT process unpaid questionnaires. Missed appointments not cancelled minimum 24 hours in advance will be billed \$75.00. If cancellation is of the emergency nature and scheduling of the new appointment occurs within 48 hours of the missed appointment, there will be no charge; however, if the second appointment is missed, \$150.00 will be charged.

\_\_\_\_ I will pay my consultation fees at the appointment time.

\_\_\_\_ Please charge consultation fees to the card below (provide the details of your credit card below)

Visa MC Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Card ID \_\_\_\_\_ Billing ZIP \_\_\_\_\_

Please initial that you agree with these payment rules and arrangements \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please fax back to 661-4592329 and/or bring the original to the office.  
 Call 830-510-2414 for appointment  
 NOTE: Questionnaire evaluation fee: \$75.00 (\$49.95 for electronic version at <http://myfoodforhealth.com>) Questionnaire without payment will not be processed. See last page for details.

**HEALTH ASSESSMENT QUESTIONNAIRE**

Please mark severity of your symptoms 1, 2 or 3. If you feel the symptom causes significant health concern mark it 4. Leave blank the symptoms that don't pertain to you

HEALTH CONCERNS		1, 2, 3, or 4	HEALTH CONCERNS		1, 2, 3, or 4
<b>GROUP ONE</b>			2	43 Excessive appetite	
1	1 Acid foods upset		3	44 Hungry between meals	
2	2 Get chilled often		4	45 Irritable before meals	
3	3 "Lump" in throat		5	46 Get "shaky" if hungry	
4	4 Dry mouth, eyes, nose		6	47 Fatigue, eating relieves	
5	5 Pulse speeds after meal		7	48 "Lightheaded" if meals delayed	
6	6 Keyed up, fail to calm		8	49 Heart palpitates if meals missed or delayed in afternoons	
7	7 Cuts heal slowly		9	50 Afternoon headaches	
8	8 Gag easily		10	51 Overeating sweets upsets	
9	9 Unable to relax, startles easily		11	52 Awaken after few hours sleep - hard to get back to sleep	
10	10 Extremities cold, clammy		12	53 Crave candy or coffee	
11	11 Strong light irritates		13	54 Moods of depression "blues" or melancholy	
12	12 Urine amount reduced		14	55 Abnormal craving for sweets or snacks	
13	13 Heart pounds after retiring			Blank	
14	14 "Nervous" stomach		<b>GROUP FOUR</b>		
15	15 Appetite reduced		1	56 Hands and feet go to sleep easily, numbness	
16	16 Cold sweats often		2	57 Sigh frequently, "air hunger"	
17	17 Fever easily raised		3	58 Aware of "breathing heavily"	
18	18 Neuralgia-like pains		4	59 High altitude discomfort	
19	19 Staring, blinks little		5	60 Opens windows in closed room	
20	20 Sour stomach frequent		6	61 Susceptible to colds and fevers	
	<b>GROUP TWO</b>		7	62 Afternoon "yawner"	
1	21 Joint stiffness after arising		8	63 Get "drowsy" often	
2	22 Muscle-leg-toe cramps at night		9	64 Swollen ankles, worse at night	
3	23 "Butterfly" stomach, cramps		10	65 Muscle cramps, worse during exercise; get "charley horses"	
4	24 Eyes or nose watery		11	66 Shortness of breath on exertion	
5	25 Eyes blink often		12	67 Dull pain in chest or radiating into left arm, worse on exertion	
6	26 Eyelids swollen, puffy		13	68 Bruise easily, "black and blue" spots	
7	27 Indigestion soon after meals		14	69 Tendency to anemia	
8	28 Always seem hungry; feels "lightheaded"		15	70 "Nose bleeds" frequent	
9	29 Digestion rapid		16	71 Noises in head, or "ringing in ears"	
10	30 Vomiting frequent		17	72 Tension under the breastbone, or feeling of "tightness", worse on exertion	
11	31 Hoarseness frequent		<b>GROUP FIVE</b>		
12	32 Breathing irregular		1	73 Dizziness	
13	33 Pulse slow; feels "irregular" sensitive to cold		2	74 Dry skin	
14	34 Gagging reflex slow		3	75 Burning feet	
15	35 Difficulty swallowing asthma, bronchitis		4	76 Blurred vision	
16	36 Constipation, often diarrhea alternating		5	77 Itching skin and feet	
17	37 "Slow starter"		6	78 Excessive falling hair	
18	38 Get "chilled" infrequently		7	79 Frequent skin rashes	
19	39 Perspire easily		8	80 Bitter, metallic taste in mouth in mornings	
20	40 Circulation poor,		9	81 Bowel movements painful or difficult	
21	41 Subject to colds,		10	82 Worrier, feels insecure	
	<b>GROUP THREE</b>		11	83 Feeling queasy; headache over eyes	
1	42 Eat when nervous		12	84 Greasy foods upset	

	<b>HEALTH CONCERNS</b>	1, 2, 3 or 4	<b>HEALTH CONCERNS</b>	1, 2, 3 or 4
13	85 Stools light-colored		6 127 Sensitive to cold	
14	86 Skin peels on foot soles		7 128 Dry or scaly skin	
15	87 Pain between shoulder blades		8 129 Constipation	
16	88 Use laxatives		9 130 Mental sluggishness	
17	89 Stools alternate from soft to watery		10 131 Hair coarse, falls out	
18	90 History of gallbladder attacks or gallstones		11 132 Headaches upon arising, wear off during day	
19	91 Sneezing attacks		12 133 Slow pulse, below 65	
20	92 Dreaming, nightmare type bad dreams		13 134 Frequent urination	
21	93 Bad breath (halitosis)		14 135 Impaired hearing	
22	94 Milk products cause distress		15 136 Reduced initiative	
23	95 Sensitive to hot weather		<b>GROUP SEVEN C</b>	
24	96 Burning or itching anus		1 137 Failing memory	
25	97 Crave sweets		2 138 Low blood pressure	
	<b>GROUP SIX</b>		3 139 Increased sex drive	
1	98 Loss of taste for meat		4 140 Headaches, "splitting or rendering" type	
2	99 Lower bowel gas several hours after eating		5 141 Decreased sugar tolerance	
3	100 Burning stomach sensations, eating relieves		<b>GROUP SEVEN D</b>	
4	101 Coated tongue		1 142 Abnormal thirst	
5	102 Pass large amounts of foul-smelling gas		2 143 Bloating of abdomen	
6	103 Indigestion ½ hour to 1 hour after eating; may be up to 3-4 hours		3 144 Weight gain around hips or waist	
7	104 Mucous colitis or "irritable bowel"		4 145 Sex drive reduced or lacking	
8	105 Gas shortly after eating		5 146 Tendency to ulcers, colitis	
9	106 Stomach "bloating" after eating		6 147 Increased sugar tolerance	
	<b>GROUP SEVEN A</b>		7 148 Women: menstrual disorders	
1	107 Insomnia		8 149 Young girls: lack of menstrual function	
2	108 Nervousness		<b>GROUP SEVEN E</b>	
3	109 Can't gain weight		1 150 Dizziness	
4	110 Intolerance to heat		2 151 Headaches	
5	111 Highly emotional		3 152 Hot flashes	
6	112 Flush easily		4 153 Increased blood pressure	
7	113 Night sweats		5 154 Hair growth on face or body (female)	
8	114 Thin, moist skin		6 155 Sugar in urine (not diabetes)	
9	115 Inward trembling		7 156 Masculine tendencies (female)	
10	116 Heart palpitates		<b>GROUP SEVEN F</b>	
11	117 Increased appetite without weight gain		1 157 Weakness, dizziness	
12	118 Pulse fast at rest		2 158 Chronic fatigue	
13	119 Eyelids and face twitch		3 159 Low blood pressure	
14	120 Irritable and restless		4 160 Nails, weak, ridged	
15	121 Can't work under pressure		5 161 Tendency to hives	
	<b>GROUP SEVEN B</b>		6 162 Arthritic tendencies	
1	122 Increase in weight		7 163 Perspiration increase	
2	123 Decrease in appetite		8 164 Bowel disorders	
3	124 Fatigue easily		9 165 Poor circulation	
4	125 Ringing in ears		10 166 Swollen ankles	
5	126 Sleepy during day		11 167 Crave salt	

HEALTH CONCERNS		1, 2, 3 or 4	HEALTH CONCERNS		1, 2, 3 or 4
12	168 Brown spots or bronzing of skin		<b>MALE ONLY</b>		
13	169 Allergies - tendency to asthma	1	186 Prostate trouble		
14	170 Weakness after colds, influenza	2	187 Urination difficult or dribbling		
15	171 Exhaustion - muscular and nervous	3	188 Night urination frequent		
16	172 Respiratory disorders	4	189 Depression		
<b>GROUP EIGHT</b>		5	190 Pain on inside of legs or heels		
1	801 Acoustic hallucinations	6	191 Feeling of incomplete bowel evacuation		
2	802 Anorexia	7	192 Lack of energy		
3	803 Anxiety	8	193 Migrating aches and pains		
4	804 Apprehension	9	194 Tire too easily		
5	805 Confusion	10	195 Avoids activity		
6	806 Craving for sweets	11	196 Leg nervousness at night		
7	807 Depression	12	197 Diminished sex drive		
8	808 Distraction		<b>FEMALE ONLY</b>		
9	809 Dizziness	1	173 Very easily fatigued		
10	810 Fatigue	2	174 Premenstrual tension		
11	811 Feeling something dreadful will happen	3	175 Painful menses		
12	812 Forgetfulness	4	176 Depressed feelings before menstruation		
13	813 Headache	5	177 Menstruation excessive and prolonged		
14	814 Hypochondria	6	178 Painful breasts		
15	815 Indigestion	7	179 Menstruate too frequently		
16	816 Insomnia	8	180 Vaginal discharge		
17	817 Instability	9	181 Hysterectomy/ovaries removed		
18	818 Irritability	10	182 Menopausal hot flashes		
19	819 Morbid fears	11	183 Menses scanty or missed		
20	820 Muscular soreness	12	184 Acne, worse at menses		
21	821 Nervousness	13	185 Depression of long standing		
22	822 Neuralgia	<b>Payment Information</b> Payments due when services rendered. Consultation fee is \$150.00/hr, half-an-hour minimum (\$75.00). Analyses, supplements and formulations extra and must be approved by you before provided. There is a charge of \$75.00 for paper Health Assessment Questionnaire (\$49.95 for electronic version at <a href="http://myfoodforhealth.com">http://myfoodforhealth.com</a> ). Missed appointments not cancelled minimum 24 hours in advance will be billed a no-show fee of \$75.00. If cancellation is of the emergency nature and scheduling of the new appointment occurs within 48 hours of the missed appointment, there will be no charge; however, if the second appointment is missed, \$150.00 will be charged.			
23	823 Neuritis				
24	824 Noise sensitivity				
25	825 Poor appetite				
26	826 Tendency to cry without reason				
27	827 Weakness				

**BARNES THYROID TEST**

This is a test to determine hypo and hyperthyroid states. The patient conducts the test in the a.m. before leaving bed - with the temperature being taken for 10 minutes. The test is invalid if the patient expends energy prior to taking the test - getting up for any reason, shaking down the thermometer, etc. It is important that the test be conducted for exactly 10 minutes, making the prior positioning of both the thermometer and a clock important. When you use a digital one, turn it OFF, place the probe under arm for 5 minutes then turn it ON; continue on for an additional 5 minutes. When using an analog thermometer, shake it down the night before.

**PRE-MENSTRUAL & MENOPAUSAL WOMEN** Any two days

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

**WOMEN HAVING MENSTRUAL CYCLES**

The 2nd and 3rd day of flow OR any 5 days in a row.

**MEN** Any 2 days

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

**Questionnaire evaluation fee: \$75.00. Visa or MC only please**

**Credit Card Number** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Billing ZIP code** \_\_\_\_\_ **Name on Card** \_\_\_\_\_

**Signature:** \_\_\_\_\_