

**Alternative Health by Chrystal
Chrystal Young, CNHP, CI
Practitioner of Natural Health**

PLEASE PRINT CLEARLY

Print Name: _____ Day Phone: _____

Address: _____ Apt # _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Who may we thank for referring you? _____

****Precautions for Ion Footbath Detox ONLY****: You are unable to take a footbath if (initial each bullet point stating none of the following pertain to you):

- I do **NOT** wear a pacemaker or any other battery operated implant _____
- I have **NOT** had an organ transplant _____
- I am **NOT** pregnant or nursing _____
- The person being detoxed is **NOT** less than 8-years old _____ (IF SO, Chrystal MUST initial) _____

****Precautions for Ear Candling Detox****: You are unable to ear candle if:

<ul style="list-style-type: none"> • I do NOT have damage to the eardrum _____ 	<ul style="list-style-type: none"> • I do NOT have ear tubes _____
<ul style="list-style-type: none"> • I do NOT have congenial hearing loss _____ 	<ul style="list-style-type: none"> • I do NOT have amyloses of the stapes _____
<ul style="list-style-type: none"> • I do NOT have acute mastoiditis _____ 	<ul style="list-style-type: none"> • I have NOT recently had surgical procedures to the ear _____

I understand that I am here to learn about nutrition and better health practices. I will be offered information about food supplements and herbs as a guide to general good health. This consultation is offered as a personal ministry.

I fully understand that those who counsel me are not medical doctors, and I am not here for medical diagnostic purposes or treatment procedures. I acknowledge that I am not, on this visit (by phone or in person) or any subsequent visit, an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed here with this office are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health, and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____