

T.K.E. HOLISTIC HEALTH AND SOLUTIONS

Today's Knowledge and Education in Natural Health and Alternative Medicine

HEALTH INFORMATION and STATEMENT

Name: _____ Phone: _____

Address: _____ Apt# _____ DOB: ____ - ____ - ____

City: _____ State: _____ Zip _____ Age: _____

Email: _____ Cell # _____ Wgt: ____ Lbs * Hgt: ____ / ____

1. Have you ever had or been diagnosed as having problems with any of the following:

- | | | | | |
|---------------------------------------|--|-------------------------------------|--|--|
| ☐ Anemia | ☐ Arthritis | ☐ Cancer | ☐ Liver | ☐ Sinus |
| ☐ Diabetes | ☐ Ulcers | ☐ Digestion | ☐ Circulation | ☐ Ovaries/Uterus |
| ☐ Heart | ☐ Kidney | ☐ Lungs | ☐ Stomach | ☐ Blood -O / +O |
| ☐ Prostate | ☐ Fainting | ☐ Bleeding | ☐ High Blood Pressure | ☐ Blood -A / +A |
| ☐ Nerves | ☐ Hypoglycemia | ☐ PMS | ☐ Low Blood Pressure | ☐ Blood -B / +B |
| ☐ Thyroid | ☐ Hyperglycemia | ☐ Asthma | ☐ Hay Fever | ☐ Blood -AB / +AB |
| ☐ Skin | ☐ Throat | ☐ Epilepsy | ☐ Hemorrhoids | ☐ Blood Other _____ |
| ☐ Gall bladder | ☐ Breast | ☐ Colon | ☐ Constipation | ☐ Cholesterol |
| ☐ Tumors | ☐ Bladder | ☐ Spine/Back | ☐ Alzheimer's/Memory | ☐ Parasites |
| ☐ Spleen | ☐ Pancreas | ☐ Edema | ☐ Weight | * Other _____ |

* **Please Print**

2. Occupation 1 _____ Oc.2 _____

3. Are you allergic to any food or medication? _____

4. Are you pregnant ☐ Yes ☐ No If so, how many months? _____

5. Are you under a lot of stress? _____

6. What conditions are you presently under a physicians care for? _____

7. Please list any medications you are taking? _____

8. Please tell us how you learned of our service: _____

* Client Statement *

***** **I understand** that I am here to learn about nutrition and better health practices and that I will be offered information about food, supplements and herbs as a guide to general good health and this is considered a personal ministry and spiritual counseling. *

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

These services performed by (T.K.E. Holistic Health & Solution) Terry King-Bey or others are at all times restricted to consultation on the subject if nutrition matters intended for the maintenance of the best possible state of nutritional matters intended for the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Name (Please Print): _____

*Signature: _____ Date: ____ - ____ - ____

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* For More Information (p.2)

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Additional Health Information Continued

*** 1) When did this condition first start? 2) and what was going on in your life? 3) also what type of job where you doing?**



Question, what area would you like to focus on first: _____

**All Dis-ease Ment in the body consists of a 4 to 6 month program.
(if there is a lot of dis-ease going on maybe longer)**

**We, here at TKE hhs ThankYou and are Glad that you have made a Great Step.
This New Beginning by Taking Charge of your own Health it is your God Given Right.**