

Macrobiotic Counseling with Denny Waxman

I appreciate the opportunity of meeting with you to discuss my concerns.

You have made it very clear, and I so acknowledge

- (i) that the opinions, advice and services you may offer are not medical advice and under no circumstances are to be considered by me as such;
- (ii) that the opinions, advice and services that you may offer are under no circumstances intended to modify, affect, or to be in lieu of any medical advice or treatment that I may require for any cause whatsoever now or in the future;
- (iii) that you have urged me, during the course of our relationship, to consult or seek to consult with my doctor with reference to my particular problem;
- (iv) that you have urged and instructed me to keep my doctor fully informed as to the opinions, advice and services you may offer;
- (v) that your opinions, advice, and services fundamentally relate to an educational program with respect to the teaching of a macrobiotic diet, nutrition, foods and related principles which many people have found helpful for improving one's physical, mental, and spiritual conditions, and thus attain a "healthy way of life";
- (vi) that you have made no promises or representations expressed or implied as to any result I may obtain by adhering to your opinions, advice and service.

I have completely read the above statements, and acknowledge that I fully understand them, and that I have received no promises or guarantees whatsoever.

I, for good and valuable consideration, release and discharge DENNY WAXMAN, and his employees, representatives, cooks and agents from all claims and demands of every nature which I now have or may have in the future as result of accepting and following the advice, opinions and services that I have herein requested.

Dated

Your Signature

FIRST VISIT QUESTIONNAIRE

Personal Information

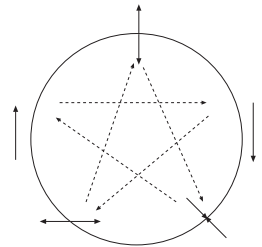
Name _____
Street Address _____
City, State, Zip _____
Phone: Work _____ Home _____
Cell _____ Email _____
Age _____ Date of birth _____ Birthplace _____
Marital Status _____ Number and ages of children _____
Accompanied by _____ Relationship _____
How were you referred _____
Occupation or previous occupation if retired _____
Have you read *The Great Life Diet*? _____
Days, weeks, months or years of macrobiotic practice? _____
What was your previous diet? _____
Approximate body weight _____ Height _____
How is your bowel movement? _____
How many times a day do you urinate? _____
Color of urine: _____ Transparent _____ Dark yellow _____ Light Yellow

Cooking & Diet

Do you cook with: _____ Gas _____ Electricity _____ Microwave

Please check the foods you have been eating regularly, a few times a week.

- | | |
|------------------------------|--|
| ___ Whole cereal grains | ___ Meat |
| ___ Fresh vegetables, cooked | ___ Poultry |
| ___ Fresh vegetables, raw | ___ Eggs |
| ___ Beans | ___ Dairy Food |
| ___ Seaweed | ___ Refined Flour Products |
| ___ Fruit | ___ Canned Food |
| ___ Fish | ___ Frozen Foods |
| ___ Nuts | ___ Sugar, honey, chocolate, carob |
| ___ Seeds | ___ Artificial sweeteners, soft drinks |
| ___ Vegetable oil | ___ Spices, herbal teas |



Present Symptoms (Please list)

