

Macrobiotic Counseling Revisit 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

REVISIT QUESTIONNAIRE

Date _____

Name _____

Street Address _____

City, State, Zip _____

Phone: Work _____ Home _____

Cell _____ Email _____

Accompanied by? _____ Relationship to you? _____

Weeks, months or years of macrobiotic practice? _____

Have you read *The Great Life Diet*? _____

What was your original problem? _____

Are you under medical care or supervision? _____

Are you taking any medications or treatments at the present time? _____

How would you describe your present condition? _____

Are you experiencing any problems or symptoms now? _____

What physical or mental improvements have you experienced? _____

How do you enjoy macrobiotic foods? _____

How well have you followed the recommendations? _____

Which of the recommendations are you having the most difficulty with? _____

Do you like to cook? _____

Do you cook with? _____ Gas _____ Electricity

What is your approximate body weight? _____ Height _____

How is your appetite? _____

How is your bowel movement? _____

How many times a day do you urinate? _____

Color of urine? _____ Transparent _____ Dark yellow _____ Light yellow

How much and what type of exercise do you get? _____

Any Comments? _____