



647 N. Wyoming Ave, Kingston, PA
570.283.0111

Guidelines for Treatment
HOLISTIC HEALTHCARE & NUTRITION CONSULTATIONS

Services Offered: Holistic Healthcare and Nutritional Consultations utilize Asian and European traditional evaluation techniques. Techniques can include but are not limited to analysis of the tongue, fingernails, pulse, Japanese Hara, and iridology (analysis of the iris). Treatments suggested may include change in diet, juicing, cleansing, and the use of vitamins, supplements, and/or homeopathic remedies aimed at supporting and strengthening the body's natural abilities to heal itself.

Note: Certified Holistic Healthcare Practitioners are not licensed medical doctors. The techniques, analyses, and evaluations utilized during a Holistic Healthcare Examination are not considered medical diagnoses. For a medical diagnosis for any concerns, please see your physician.

Office Hours: Hours are available by appointment

Emergencies: In cases of urgent need, please call our main phone number. If it is after hours, please leave a message and a staff member will return your call the next business day. If you are experiencing a medical emergency, seek immediate medical treatment.

Missed Appointments: If an appointment needs to be cancelled or rescheduled, please make an arrangement 24 hours in advance free of charge. If you give 12 hours notice, you will be charged half the price of your service. If you don't call to notify us and/or don't show to your appointment, you will be charged the full amount of your service.

Prior to Your Appointment: For an initial appointment, please arrive 15 minutes early in order to fill out the initial paperwork. Do not eat or drink anything (except water) for an hour prior to any appointment. Please avoid wearing makeup or nail polish, if possible.

I have read and understand the above guidelines, and agree to the following:

I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I forget to do so.

Signature: _____

Date: _____