



Live & Layered Analysis Intake Form

Audrey Miller - DMH, DHHP, LCM
13205 Apex Cres
Lake Country, BC. V4V 2W1
778-738-2144
reviviscenthealth@gmail.com

All information on these forms are kept ***strictly confidential***. If you need additional space, use the back of this page.

Name: _____

Date: _____

E-mail address: _____

*Phone: (H) _____ (C) _____

Blood Type (O, A, B, AB): _____

**(Please specify the best number to use)*

Please answer the following questions as best you can.

What is your main health concern/complaints, both physical and emotional? Please list in priority:

Do you consume alcohol/smoke or use recreational drugs?

Please list any medications, supplements or herbs you are currently taking?

Have you been diagnosed with an illness or more specifically HIV/AIDS? (Please be honest)

Do you have your gallbladder? Adenoids or Tonsils? Appendix?

Nutritional patterns

What are your food choices (meat eater, vegetarian, vegan, paleo, etc.)? _____

How many **ounces/cups** do you drink of water (tap, bottled, purified), tea, coffee, juice, pop, milk, other beverages (including alcohol) **per day**?

Please list: _____

Please add any other information that you think is important for me to best assist you with your goals

(use back side if necessary):

Terms & Conditions

- I understand and acknowledge that **Audrey Miller**, DHHP, DMH, LCM is not a medical Doctor nor is licensed to practice medicine and all information on these forms is used for consultation purposes and as an assessment tool **ONLY** and is kept **strictly confidential** at all times.
- I understand this Live & Layered Blood Analysis will provide me with a graphic view of my blood physiology but is NOT a medical test and is not intended to be a substitute for conventional medical care by a trained Physician or Specialist.
- I understand no diagnosis or prescription will be given and the services she provides are always restricted to a consultation about health matters, including offering therapeutic education and making regimental and homeopathic recommendations. Any suggested nutritional therapy or homeopathic medicines is not intended as a primary treatment for disease, disorders or symptoms. The added schedule is intended to improve the quality of foods, diet and assimilation.
- I understand that lifestyle, eating habits, exercise, nutritional balance and mental state may affect what is seen during the analysis and therefore the results may vary between analysis conducted at different times.
- I agree to hold harmless, the Microscopist "Audrey Miller", who performs the Live Blood analysis.
- This statement has been signed voluntarily.

Date: _____

Name: _____

Signature: _____

Do you consent to emails from Reviviscent Health regarding specials, promotions, information and/or events which are applicable to your health? Yes or No _____