

Human Friendly LLC

801 Irving Blvd. • Irving TX 75060 • 972.277.1274



New Client Intake Form

Contact Information (please print)

Date: _____

Name: (First & Last) _____

Date of Birth: ___ / ___ / _____ Age: _____ Occupation: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

In case of emergency Notify: Name: _____ Phone: _____

You were referred by: _____

Health Information, please list your major health concern(s):

If you have seen a medical doctor, what is your diagnosis? _____

When did the problem begin? (Be Specific): _____

What kind of treatment / therapies have you tried? _____

Medications: _____

To what extend does the problem interfere with your daily activity (Work, exercise, sleep, etc.)? _____

Past Medical History – Please note type and dates:

Cancer	High Blood Pressure	Heart Disease
HIV/Aids	Asthma	Venereal Disease
Thyroid Disease	Rheumatic Fever	
Diabetes	Hepatitis	Other:

Surgeries (Type and Dates): _____

Significant Traumas: _____

Significant Dental Work: _____

Allergies / Sensitivities		
Environmental	Foods	Drugs

Do you have Anaphylaxis? _____

Have you been prescribed an Epi-Pen? (Date) _____

Have you ever been hospitalized or at the emergency room due to allergies? _____

Stress / Distress: Describe how these areas of your life may be impacting your wellness.

External	Internal
Environment	Job
Community	Career
Workplace	Work – Life Balance
Work Environment	Education
Extended Family	Self-Improvement
Family	Hobbies
Fiends	Money

Describe what stresses you de most:

Habits

Do you have a regular exercise program? Please describe:

Are you or have been on a restricted diet? What Kind?

Please describe your average daily diet (Including Liquids):

Morning: _____

Afternoon: _____

Evening: _____

Do you smoke? ___ How many cigarettes a day? _____ Do you chew Tobacco? ___ How Often? _____

Do you drink alcohol? ___ What Kind? _____ How Much? _____ How Often? _____

Do you drink coffee? ___ tea? ___ How Much? _____ How Often? _____

Do you use Recreational Drugs? ___ What kind _____ How Often? _____

Current Health Condition: Please check symptoms which you have experienced in the past 3 months:

Energy, Immunity and Temperature

Fatigue	Catch Colds Easily	Sweat Easily	Cold Hands and Feet
Energy Drops	Slow Wound Healing	Might Sweats	
General Weakness	Chronic Infections	Chills	
Overall Body Temperature		Overall Energy Level:	

Head, Eye, Ear, Nose and Throat

Headache / Migraine	Eye Strain / Pain	Nose Bleeds	TMJ / Jaw problems
Dizziness / Vertigo	Ear Ringing	Sinus problems	Snoring
Floater	Earache	Nasal Congestion	Sore Throat
Photosensitivity	Blurry Vision	Teeth Grinding	Swollen glands

Respiratory

Asthma / Wheezing	Cough	Allergies	Upper chest breathing
Phlegm	Shortness of Breath	Post nasal drainage	Abdominal breathing

Cardiovascular

Palpitations	High Cholesterol	Chest Pain	Irregular heartbeat
High Blood Pressure	Low Blood Pressure	Fainting	Varicose Veins

Gastrointestinal

Low Appetite	Bloating	Belching	Constipation
Excessive Appetite	Heartburn	Stomach Growling	Hemorrhoids
Bad Breath	Ulcers	Diarrhea	Abdominal Pain
Nausea / Vomiting	Gas	Loose Stools	Gallbladder Stones

Genito Urinary

Pain / Burning on Urination	Walking at Night to Urinate	Kidney Stones	
Urinary Urgency	Dribbling Urination	Blood in Urine	
Frequent Urination	Profuse Urination	Urinary Tract Infections	
Incontinence	Retention of Urine		

Emotions

Mood Swings	Anxiety / Panic Attacks	Fits of Laughter	
Sadness	Irritability / Anger	Depression	
Nervousness	Mania/High elevated mood	Obsessive Compulsive	
Fear	Frequent Worry		

Neuro Muscular

Seizures	Loss of Balance	Poor memory	Numbness / Tingling
Paralysis	Lack of Coordination	Poor Concentration	Muscle Spasms

Sleep

Trouble Falling Asleep	Sleepy All the Time	Excessive Dreaming	Take Naps
Trouble Staying Asleep	Tired upon Waking	Nightmares	Narcolepsy

What hour do you go to sleep?

What hour do you wake up?

Skin and Hair

Acne	Itching	Rashes	Bruising Easily
Dandruff	Dry Skin / Scalp	Hair Loss	Sores

Bowel Movements

Consistency:	Well Formed	Hard	Loose
Stools:	Undigested food	Blood	Mucus
Frequency	Feels Complete?		Yes No

Men Only: Please check all that apply

Prostate Disease	Premature Ejaculation	Nocturnal Emissions	Impotence
Testicular Pain	Low Sperm Count	Low Sex Drive	Other:

Women Only

At what age did you get your first period? _____ First day of last menstrua period: _____

How many days your period last? _____ How often do you get your period: _____

Are your menstrual cycles spaced regularly? Yes _____ No _____

Do you experience any of the following associated with your period each month?

Water Retention	Migraines	Heavy Bleeding	Scanty Bleeding
Breast Tenderness/ Swelling	Changes in Bowel Movements	Abdominal Cramps	Lower Back Pain
Mood Swings	Acne	Food Craving	Cloths

Do you Experience any of the Following?

Infertility	Spotting between periods	Vaginal dryness	Abnormal vaginal discharge
Abnormal pap smear	Hot Flashes	Pain during intercourse	Low sex drive
Abnormal Mammogram	Other:		

Are you currently using birth control? Yes___ No ___ What type and for how long? _____

Are there ay chance you are pregnant now? Yes___ No___ Number of Pregnancies? _____

Number of Life Births _____ Number of Miscarriages: _____ Number of Live Births: _____

Have you experience menopause? Yes___ No ___ When? _____

Are you experience menopausal symptoms, please describe:

Are you under the age of 18? If yes, you must have the written consent of your parent or guardian to receive BEST, NAET or massage therapy services.

Therapy Disclaimer

Human Friendly LLC, and Maria Claudia Elorza (together "Human Friendly") do not claim to cure any illness or disease with BEST (Bio Energetic Synchronization Technique). We do not offer healthcare advice. Always consult with a physician and/or healthcare professional.

You should NOT use information, services, or products on our practice or site for diagnosis or treatment of any health issue or for prescription of any medication or other treatment. Information, services, or products are NOT intended as a substitute for advice from your physician and/or healthcare professional. Moreover, any information on our website, product labels or packaging is only for informational purposes and is not intended as a substitute for advice from your physician and/or healthcare professional. The products, supplements, equipment, devices, and any other commercial and non-commercial items sold, discussed, and/or promoted on this site or a linked site have not undergone testing by the Food and Drug Administration, or other scientific body and the risks associated with them are unknown.

If you have a health concern or any undiagnosed signs or symptoms, do not self-diagnose and do not rely on Human Friendly or any recommendations or submissions from Human Friendly. Instead, please consult your licensed healthcare practitioner as soon as possible.

The products sold by Human Friendly or its website are not intended to diagnose, treat, cure, or prevent any disease. You should always consult with a physician and/or healthcare professional before using any nutritional, herbal, or homeopathic supplement, before undergoing any diet or exercise program, or before adopting any treatment. Prior to buying or using any products, information or services provided on or through this site, including without limitation any products, information or services provided on any linked site, you should consult with a physician and/or healthcare professional.

Information shared with the client is not intended and should not be used for diagnosis or treatment of any health problem; nor should it replace or augment the prescription of any medication or other treatment. You should consult your physician and/or healthcare professional regarding any interactions between any medication you are currently taking and nutritional supplements. You must work with your doctor or health care professional before discontinuing any drug or altering any drug regimen.

The products and the claims made about specific products on or through Human Friendly have not been evaluated by the United States Food and Drug Administration and are not approved to diagnose, treat, cure, or prevent disease.

Human Friendly do not claim to cure any illness or disease with NAET (Nambudripad's Allergy Elimination Techniques). NAET® is not a medical diagnostic procedure and therefore does not diagnose a disease. The premise behind NAET® is to balance the energy of the individual to a substance(s) using NAET®. Through NAET therapy, the client is not exposed to the allergic substance, but rather a representation of the "energy" of the allergic substance. A client should continue all medications and other treatment modalities as they have been prescribed unless otherwise directed by a medical doctor who prescribed them.

I understand that for 25 hours after the NAET®, I am to avoid eating, touching, breathing and coming within 5 feet or more as I was instructed by my practitioner for the substance(s) that I have received NAET for. If I come in contact with the substance(s) for which I am desensitized before clearing them completely, I realize that the NAET may not work. I understand that I must return after my 25-hour-avoidance period preferably within 24 hours but at least within 7 days, to determine if I have cleared for the substance(s). I fully understand that if I did not clear them completely, I may require repeating the procedure (more office visits at my cost) until I clear them satisfactorily.

During the 25 hours of NAET® desensitization procedures, or any other time, if for any reason a serious reaction from allergens occur, the client should seek emergency help immediately from a physician qualified in emergency care, or by calling 911 or attending an emergency room at the local hospital.

An individual suffering from severe allergic reactions to substances should consult an appropriate physician or emergency treatment and take appropriate medication (such as medication to prevent itching, tissue swelling, fever, asthma, cough, pains, infections, mental irritability, violent behaviors, etc.) to keep their symptoms under control (while participating in NAET® procedures).

NAET does NOT claim to cure allergies or food, chemical and environmental sensitivities. NAET does not support the use of lasers in lieu of acupuncture and acupressure modalities. Do-it-yourself, at-home type kits can be extremely dangerous or harmful. NAET is not responsible for any damage that is done by the use of such devices attempting to mimic NAET techniques. Any and all allergy treatment must be supervised by an approved and licensed health professional. Human Friendly is not an approved licensed health professional and cannot treat any symptoms, chronic illness, or any other health condition.

After the successful completion of my NAET® program I give permission to my practitioner to use my (my ward's) case study in educating other similar patients or accumulating data for research purpose without disclosing my real name or address. I give permission to take photograph of my (my ward's) body part (e.g. in case of skin problem, etc.) to use in research or client education purpose without disclosing my real name or address. I have read or have had read to me the above statements and have had the opportunity to ask questions about its content and by signing below I agree to the terms and procedures.

Client's Name: _____ Client Signature: _____ Date: _____

Name of Minor: _____ Relationship: _____

Witness Name: _____ Witness Signature: _____ Date: _____

New Client Information

For all practice appointments:

Cancellation Policy:

Therapies are by appointment, although walk-ins are occasionally accepted. Should the practice need to close due to inclement weather or other circumstances, Human Friendly / Maria Claudia Elorza will post the closing or schedule change via our website, email or text message. If you find that you need to cancel an appointment, it is important that we receive 24-hour notice. This enables us to fill the time slot. We reserve the right to charge a \$45.00 fee for an appointment canceled with less than 24-hour notice or \$90.00 for a "no-show" appointment.

Payment for Practice Services Rendered:

Payment is due at the time of service and may be in cash, by check or credit card. In order to keep our practice prices affordable, we do not file insurance claims of any kind and are not a Medicare / Medical provider.

Thank you for allowing us to provide you with quality health care.

Client's Name: _____ Client Signature: _____ Date: _____

HIPPA Acknowledgement and Appointment Reminders Form

I acknowledge that Human Friendly and its practitioners have provided me with a "Notice of Private Practices" and I acknowledge that I have the right to review these practices prior to sign this document. The Notice of "Private Practices" is provided on request in the treatment room.

I understand that Human Friendly / Maria Claudia Elorza may need to contact me with appointment reminders or information related to my therapy. If this contact is made by phone and I can not answer, a message will be left with an answering machine, a voicemail or left a message with anyone who answers the phone. By signing this form, I am giving consent to contact me with these reminders and information.

Client's Name: _____ Client Signature: _____ Date: _____

Communication Procedures

I give permission to Human Friendly / Maria Claudia Elorza to send appointments reminders by:

- Email: Write email address: _____
- Text & Call: Write Cellphone number: _____

Also, last minute cancellation notices, newsletters, birthday cards, promotional material and other stationary to the cellphone number and email provided on the intake or this form.

Client's Name: _____ Client Signature: _____ Date: _____

Authorization for the release of Health information (Optional)

I, _____, hereby authorize Human Friendly / Maria Claudia Elorza to use or disclose of my individually identifiable health information to the party(s) as described below. I understand this authorization is voluntary. I understand that if organization authorized to receive my information is not a health plan or healthcare provider; the release information may no longer be protected by federal privacy regulations.

Persons / Organizations authorized to receive information: (Please print)

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Client's Name: _____

Client's Signature _____ Date: _____

Consent Form

Dunn Acupuncture and Allergy Center, and Maria Claudia Elorza (together "Dunn Acupuncture and Allergy Center") do not claim to cure any illness or disease with BEST (Bio Energetic Synchronization Technique). We do not offer healthcare advice. Always consult with a physician and/or healthcare professional.

Information shared with the client is not intended and should not be used for diagnosis or treatment of any health problem; nor should it replace or augment the prescription of any medication or other treatment. You should consult your physician and/or healthcare professional regarding any interactions between any medication you are currently taking and nutritional supplements. You must work with your doctor or health care professional before discontinuing any drug or altering any drug regimen.

The products sold by Dunn Acupuncture and Allergy Center or its website are not intended to diagnose, treat, cure, or prevent any disease. You should always consult with a physician and/or healthcare professional before using any nutritional, herbal, or homeopathic supplement, before undergoing any diet or exercise program, or before adopting any treatment. Prior to buying or using any products, information or services provided on or through this practice or site, including without limitation any products, information or services provided on any linked site, you should consult with a physician and/or healthcare professional. If you have a health concern or any undiagnosed signs or symptoms, do not self-diagnose and do not rely on any recommendations or submissions from our practice. Instead, please consult your licensed healthcare practitioner as soon as possible.

You should NOT use information, services, or products on our practice or site for diagnosis or treatment of any health issue or for prescription of any medication or other treatment. Information, services, or products are NOT intended as a substitute for advice from your physician and/or healthcare professional. Moreover, any information on our website, product labels or packaging is only for informational purposes and is not intended as a substitute for advice from your physician and/or healthcare professional. The products, supplements, equipment, devices, and any other commercial and non-commercial items sold, discussed, and/or promoted have not undergone testing by the Food and Drug Administration, or other scientific body and are not approved to diagnose, treat, cure, or prevent disease; the risks associated with them are unknown.

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Name of Minor: _____ Relationship: _____

Witness Name: _____ Witness Signature: _____ Date: _____

B.E.S.T. "20 Point Self-Assessment Questionnaire"

Note: This is personal, private, and completely confidential...for your use only! Please be as open and as honest as possible. Do not hold back anything. Write names or events in "code" if necessary! Be brutally honest!

These questions will help you access your concerns during your course of energetic healing and the body balancing procedures. This is a must!

(1) Name (any name you have ever gone by) _____

(2) List the most significant positive event in your life _____

(3) List the worst thing that ever happened to you in your life. _____

(4) Have you ever had your heart broken by someone or something? _____ If so, write it down. _____

(5) What positive event are you looking forward to in the future? _____

(6) What negative event(s) are you dreading in the future? _____

(7) What time of day do you feel the best? _____ Worst? _____ Do you rely on your doctor to heal you? _____

Do you take active measures to heal yourself? _____

Do you rely on drugs, pain relievers, or sleep aids to just get by? _____

(8) What excites you most about your business, job, occupation, school? _____

(9) What frustrates you most in your job, fun in relationships, school, etc.? _____

(10) Who in your family do you have the most challenges with? _____

Is there anyone you have intentionally not spoken to in years? _____

What about your primary relationship (family, spouse, etc.) excites you the most? _____

Challenges you the most? _____

(11) Have you ever been totally in love? _____ Now? _____

(12) Do you earn enough money? _____ Do you have enough? _____ Are you stress over money? _____

Have a plan for more money? _____ Do you feel confident your money plan will take care of your family? _____

(13) Do you love life? _____ Are you depressed about life? _____ Are you attracting friends and relationships and circumstances that you like/love/and that enrich your life? _____

(14) Do you know how to listen to what your body tells you? _____ How often do you exercise? _____

Do you say affirmations or belief builders every day? _____

(15) Do you find yourself in arguments often? _____ Do you have to win? _____ Are you, always right? _____

Are you flexible? _____ Do you often think about or interrupt a conversation? _____ Do you 1-up someone often? _____

(16) Are you growing and learning right now? _____ How often do you interrupt a conversation with,

..." I already know that!" _____ How many times a day, if ever, do you say "I'm sorry"? _____

(17) What do you think made you sick or why are you sick? _____

(18) Do you believe you are worthy of getting well.... Ever? _____ In three days? _____ Right now? _____

Do you blame God for your condition? _____ Who do you blame for your condition? _____ Daily? _____

(19) Do you have a set of goals or a plan for health? _____ List the top three goals for the year for your return to great health.

(20) How often each week do you eat out? _____ What type of food do you eat out? _____

Do you think organic foods are better or just more expensive? _____ Do you eat them? _____ Do you cook at home? _____

How often do you consume alcohol, caffeine, diet foods, cigarettes? **1, 2, 3** X day or more? _____

Do you eat anything labeled DIET products? **1, 2, 3** X day or more? _____

B.E.S.T. Bio Energetic Synchronization Technique

Name (print): _____ Phone: _____ Date: _____

List the primary reason you would like to address with BEST: _____

Concerns: What additional challenges do you have with health, relationships, or wealth? Please rate them from (1-10)

10 being the most severe

Health Concerns:

1. _____ ()
2. _____ ()
3. _____ ()

Relationship Concerns:

1. _____ ()
2. _____ ()
3. _____ ()

Career / Financial Concerns:

1. _____ ()
2. _____ ()
3. _____ ()

Goals: List the desired objective in each category Please Rate them from (1-10)

10 being the most important

Health Goals: Importance Rating

1. _____ ()
2. _____ ()
3. _____ ()

Relationship Goals:

1. _____ ()
2. _____ ()
3. _____ ()

Career / Financial Goals:

1. _____ ()
2. _____ ()
3. _____ ()

Please list significant experiences in your life to include both positive or negative ones.



Life Experiences List

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

Please list the names of those whom you would consider have or had significant impact on your life both positive or negative.



People Interaction List

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |