



Wellness Empowered

Progress Toward Wellness

WHAT TO EXPECT AT YOUR FIRST APPOINTMENT

Wellness Empowered LLC is a holistic wellness center that uses several safe, gentle and non-invasive scanning technologies.

For most clients over the age of six, and particularly those over forty, we recommend an initial evaluation using a Thermometry scan. For those referred due to a specific wellness concern, the first visit may be a ZYTO scan. These options were discussed during your telephone intake interview and you have been scheduled for the initial scan deemed most appropriate for you but, if you have additional questions, please feel free to contact us prior to your appointment.

Thermometry: Whole body Thermometry is a full body screening that, unlike other scans that look at our anatomy, evaluates how our organs, glands and systems are able to regulate themselves under stress. During the scan an infrared heat sensing wand measures about 100 points on the body before and after the skin is exposed to 10 minutes of room-temperature air. How the skin responds, identifies which organs, glands and tissues are not regulating properly. The scan takes about 30 minutes to perform, and includes a detailed 7-page report that is followed by a 1 hour appointment with a practitioner to review the results. Thermometry helps our practitioners prioritize and recommend the most effective services and protocols to help our clients' bodies work and feel better. (This non-invasive scan is not presently diagnostic, but rather is used as an adjunct to medical testing and this method is not licensed by the state of Illinois.)

ZYTO: This Electro-Dermal Screening (EDS), ZYTO is an amazing technology which allows the practitioner to assess what energetic imbalances are going on within the body. EDS can detect which organ systems, glands, hormones, neurotransmitters, enzymes or metabolic processes are producing stress. During a ZYTO scan a hand cradle measures your body's galvanic skin response (GSR) or Electro-Dermal Activity (EDA). (ZYTO professional software provides general wellness information and the technology is not intended to be used in the diagnosis, cure, treatment, mitigation or prevention of any disease or medical condition and this method is not licensed by the state of Illinois.)

Following either of these scanning evaluations, your Wellness Empowered Holistic Wellness Practitioner (HWP) will work with you to articulate and achieve realistic health goals. A plan will be recommended by your HWP that includes products and services along with healthy lifestyle modifications, including a proper diet, and an effective exercise program.

As our client, you should expect either Initial Evaluation to take approximately 1.5 to 2.5 hours, depending on the complexity of your health challenges. Follow-up appointments are usually made 4-8 weeks from the Initial Evaluation and last 30-minutes to 1.5-hours in length.

At no time will any practitioner at Wellness Empowered recommend that you stop taking any of your prescription medications without referral to and approval by your prescribing physician. Additionally, any supplements that have been recommended for use by another health professional will be evaluated and you will be referred back to that professional to discuss the value of continuing those remedies.

Our Policies

At Wellness Empowered we strive to provide the highest standard of care for the clients that we serve. We have established the following policies to protect both you, our respected clients, and ourselves from any misunderstandings. Your clear understanding of these policies is important to our professional relationship. We are happy to discuss our professional fees and pleased to answer any questions you may have.

FINANCIAL POLICIES

- All payments are due in full at the time of each visit. We accept Cash, Check, Visa, MasterCard, Discover and AMEX
- Any nutritional supplements, equipment, and retail merchandise must be paid for at the time of purchase. There is no refund for products or merchandise. Unopened products may be returned for retail merchandise credit within 30 days of purchase.
- All sales for services are final, including prepaid packages of services. No refunds will be given for any unused services. You may apply any credit on packages towards future services, but not toward any retail merchandise.
- Wellness Empowered does not accept or process any insurance.
- If you have a FSA/HSA, (Flex-Spending or Health Savings Account), you may be able to use it as payment depending on rules of your insurance provider or bank. Please check with them prior to attempting to pay using these accounts. If your FSA/HSA administrator rejects a charge you may be asked to repay them.

Prices for Evaluation Services

Thermometry	\$300.00
ZYTO Initial Evaluation – 5 yrs old and <u>under</u>	\$200.00
ZYTO Initial Evaluation – 6 yrs old and <u>over</u>	\$300.00
ZYTO Initial Evaluation Complex (more than 3 hours).....	\$350.00
ZYTO Routine Follow-up (30 mins to 1 hour).....	\$150.00

CANCELLATION POLICY

- Please notify us at least 48 hours in advance if you need to cancel or reschedule.
- Any cancellations with less than 48 hour of notice are subject to a cancellation fee of \$150.00
- Clients who miss their appointments without giving any prior notification will be charged \$150.00
- We recognize the time of our clients and our staff is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business, but also the potential business of other clients who could have scheduled an appointment.
- When you schedule your appointment with us, you are agreeing to these policies. All services require a credit card to guarantee your appointment so please have your credit card ready when scheduling your appointments. You will not be billed unless there is a cancellation without sufficient notice or no show. On the day of your appointment you may choose your method of payment.

- Cancellations for emergency reasons are excluded from this policy. Emergency reasons include, accidents, death in the family, delayed or cancelled flights if you are arriving from out of town, car trouble, sick child at home or sudden illness. Please let us know as soon as possible of such emergencies so we can rearrange our practitioner's schedules.

GENERAL POLICIES

- To ensure your full appointment time, please arrive on time and ready for your appointment. Arrival more than 10 minutes late can result in cancellation of your appointment and be considered a no show subject to the above Cancellation Policy.
- For your first visit we will email you our New Client forms. If you're not able to complete our forms in advance, please arrive 15 minutes early to complete them before your appointment.
- Please bring children to the office only if they have an appointment. If the client is a child, please bring only that child to the appointment if possible. We do not provide childcare. Please make other arrangements for any other children in your care during the appointment time or provide an adult to care for them.
- Please refrain from wearing any fragrances (perfume, aftershave, scented lotions etc.) as we have many clients with severe scent sensitivities.
- We are a referral only practice.

As a Wellness Empowered client, all calls, emails and texts will be returned within 24-48 hours. All phone messages will be returned between the hours of 10am and 5pm that same day or by the end of the following day, except on Saturdays and Sundays.

Text any questions you have regarding your plan or issue you are experiencing to Mary 224-628-1246 or email us any questions you may have to: kerryh.wellness@gmail.com or maryv.wellness@gmail.com

To re-order supplements please email your order to frontdesk5.wellness@gmail.com

To schedule or change an appointment time please call our office at 847-963-6094.

To share any medical records or send important documents you can FAX them to 847-963-6098 or email them to frontdesk5.wellness@gmail.com

I acknowledge and agree to comply with the above financial, cancelation, general policies and statements.

SIGNED _____ DATE _____

PRINT NAME: _____

(If minor please sign below)

GUARDIAN'S SIGNATURE: _____

RELATIONSHIP: _____

NEW CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone: () _____

Home Telephone: () _____

Work Telephone: () _____

Email Address: _____

Date of Birth: _____

Marital Status: Married Single Divorced Widowed

Name of Spouse: _____ Phone: () _____

Number of Children: Boys: _____ Ages: _____ Girls: _____ Ages: _____
Children: _____ Ages: _____

First and last name of who referred you to Wellness Empowered: _____

Chief Complaint: What is the main reason you are coming to Wellness Empowered?

Duration of present symptoms? _____

What do you believe caused these symptoms? _____

In case of emergency contact:

Name: _____

Relationship: _____

Telephone: () _____

Your Primary Care Physician's Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: () _____ Fax () _____

Diagnosis by your physician: _____

Prescriptions and over-the-counter drugs you are currently taking:	
1.	5.
2.	6.
3.	7.
4.	8.

List supplements you are currently taking:	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

What methods do you use to alleviate or cope with stress? _____

Do you suffer from exhaustion or fatigue? _____

Do you use/consume the following?	How much and how often?
Coffee	
Tea	
Alcohol	
Chocolate	
Cigarettes	
Laxatives	
Sugar	
Artificial Sweeteners	
Hemp / Cannabis	

List all foods you crave:

List any known allergies to food, drugs and environmental allergens: _____

Do you have any other special dietary restrictions? Circle (C = by choice N = by necessity)

Gluten C/N Dairy C/N Soy C/N Corn C/N Nuts C/N History of Anaphylaxis

Do you have a pacemaker? _____ Do you wear a defibrillator? _____

List hospitalizations or surgeries within the last two years: _____

List other major surgeries or hospitalizations: _____

List any major childhood illnesses? _____

Please check below (all that apply) if there is a family history of any of these diseases?			
	Mother's Side	Father's Side	Siblings
Allergies			
Arthritis			
Asthma			
Autism/Asperger's			
Autoimmune			
Cancer			
Diabetes			
Heart Disease			
Kidney Disease			
Liver Disease			
Lung Disorders			
Mental Illness			
MTHFR Snp			
Substance Abuse			
Stomach Disorders			
Other			

Feel free to share any additional medical information and/or health concerns with us.

Please share what your goals and expectations are for services from Wellness Empowered.

DECLARATION OF CLIENT REQUEST, AUTHORIZATION and AGREEMENT

I, **(print name)** _____ the undersigned, request that Kerry Heitkotter, Mary Veltri, and/or Stephanie Veltri, Therese provide me education, teaching, tutoring, and coaching to facilitate any understanding of health and nutrition, including actions I may take to assist me in bringing about more vitality and balance for a fuller healthier life.

By participating in this proactive health advocacy service, any physical body part or element I choose to use to help me understand and audit my own health processes via any mechanical, optical, electrical, photonic or other means is at my sole discretion and I agree that compensation for this service discussed or outlined elsewhere is appropriate.

I understand Kerry Heitkotter, Mary Veltri, Stephanie Veltri and Therese are trained in and/or certified in many modalities but are not offering, or providing services under this Agreement in that certified capacity nor under any licensed/registered capacity, or under any government grant, insurance, registration, certification and licenses, any laboratory, health, agricultural or dietary professional services.

I understand that the requested service under this Agreement is not a substitute for regular medical or other licensed health care and does not, cannot, and will not, provide any diagnosis, prescription or treatment options for any medical or government defined health condition.

I, **(print name)** _____, further acknowledge that I alone bear full responsibility for any actions taken as a result of recommendations associated with the services provided under this Agreement.

Signed: _____

Date: _____