

Scheduling Phone Consultations with Steven H. Horne Through ABC Herbs

Instructions:

First, read the *Informed Consent Statement, Disclosure Statement* and *Services Available from Steven Horne Statement*.

Second, if you agree to the terms in the Informed Consent Statement and wish to schedule a consultation with Steven, sign the Informed Consent Statement and retain a copy of the *Informed Consent Statement and Disclosure Statement* for your records.

Third, fill in the information inside the box on this page. Please select the type of consultation you desire. If you want the Comprehensive Health Consultation or the Regular Health Consultation you must fill out and return the *Personal Health Evaluation*. The Comprehensive consult includes the cost of getting bloodwork for you. We will contact you with instructions on how to do this when we receive your forms. If you want a Mini-Consultation, filling out the *Personal Health Evaluation* form is not required. Signing and returning the *Informed Consent Statement* is required for all consults.

Fourth, mail or fax your forms to:

ABC Herbs, P.O. Box 911239, St. George, UT 84791, ATTN: Consultation Forms
Fax: 800-372-5048

When we receive your forms, our office staff will call and schedule an appointment. Steven will call you at the appointed time.

I desire to schedule a consultation with Steven H. Horne. I would like the:

- Comprehensive Health Consultation \$295
- Regular Health Consultation \$125
- Mini-Consultation \$35

Method of Payment:

- Check/Money Order enclosed
- MasterCard Visa Discover American Express

Fill in for Credit Card Payments Only:

Please bill my credit card for the above services.

Card Number _____ Expiration _____

Signature _____ CVC Code _____

Phone Number _____ Email _____

Address _____

Services Available from ABC Herbs

Comprehensive Health Analysis \$295.00

This package includes a panel of blood tests, which are evaluated physiologically to determine the organs, glands and systems that need nutritional support. The Comprehensive Health Analysis is recommended for anyone suffering from serious health problems. It is also good for people who want an objective method of developing and monitoring a program for high-level wellness.

You will receive a 50-minute initial consultation and one free 25-minute follow-up consultation to evaluate our progress and make any necessary modifications to your program. These consultations can be done on the telephone or in-person. In-person consultations include a constitutional assessment using muscle testing, tongue and pulse analysis and other traditional constitutional assessment tools. Suggestions will be made for diet appropriate to your constitution and metabolic type, lifestyle changes, herbal remedies and appropriate nutritional supplements.

Regular Health Consultation \$125.00

A regular health consultation includes an initial 50-minute evaluation and consultation using all the tools described above except for the blood work. It can also be done in-person or via telephone. In person consultations include an assessment of constitution and biological terrain using muscle testing, tongue and pulse analysis, and other tools of traditional constitutional assessment, such as glandular body typing. Suggestions will be made for lifestyle changes and an herb and supplement program. This package also includes a free 25-minute follow-up to monitor your progress. Regular Health Consultations are recommended for people with chronic, but not serious, health problems or people who simply want to develop a program to maintain a higher level of wellness.

Mini-Consultation \$35.00

People who want some quick advice or have a few questions they want answered, can schedule a 15 minute mini-consultation. These consultations are not recommended for people with serious health problems. A mini-consult can last more than 15 minutes, but billing is done in 15-minute increments.

Follow-up Consultations \$50.00

After your initial evaluation and first free follow-up with either the Comprehensive Health Analysis package or the Regular Health Consultation package, you can schedule additional 25-minute follow-up visits as needed to have your program monitored and adjusted. These can be done in-person or on the telephone. Follow-up consultations are only available to regular clients, who have previously had a Comprehensive Health Analysis or a Regular Health consultation.

These services are offered through ABC Herbs

Located at: 321 North Mall Drive, # VW101, St. George, UT 84791

435-627-1682

Informed Consent Statement

I, _____, hereby attest and agree to the following:

1. I fully understand that Steven Howard Horne is a lay natural health ADVISOR and TEACHER who deals strictly in helping people to improve their general health and fitness through better nutrition, improved lifestyle and health habits and positive mental attitudes.
2. I fully understand that Steven Howard Horne is NOT a licensed physician and cannot diagnose diseases, prescribe drugs or recommend treatments for specific disease conditions.
3. I understand that all evaluations performed by Steven Howard Horne or his representatives are designed to evaluate my inherent constitution and temperament for the sole purpose of helping me to improve my general health through nutrition, habits and attitudes. I further understand that said evaluations cannot determine specific disease conditions I may have and do not replace the diagnostic services offered by licensed physicians.
4. I understand that Steven Howard Horne neither claims nor implies that any instruction, advice, counsel, suggestions, recommendations, services or products he or his representatives provide, whether in person or by mail or by telephone, will cure, treat, prevent or mitigate any disease condition; but are provided solely for the purpose of increasing energy, supporting the natural function of body systems and otherwise improving general health and fitness.
5. I understand that Steven Howard Horne or his representatives will not suggest that I cease any medical care I may be currently undertaking. I understand that the decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold Steven Howard Horne or his representatives responsible for the consequences of my decisions.
6. I understand that Steven Howard Horne believes that genuine healing comes only from God and that God has provided simple and natural methods such as rest, nutrition, herbs, exercise, attitude changes and touch to help people recover and maintain their health. I further understand that Steven Howard Horne shares these methods with others as part of his God-given and constitutional rights of freedom of speech and freedom of religion.
7. I have received a copy of Steven Howard Horne's Disclosure Statement and Services Available statement and have reviewed his training, experience, services offered, fees, etc. to my satisfaction. With this understanding, I desire to consult with him on my health needs. I understand that should I be dissatisfied with his services that I can seek assistance through the American Herbalist Guild by calling 203-272-6731.

I have read and understand the foregoing and agree to the terms and conditions set therein. I have received a copy of this agreement.

Dated this _____ Day of _____, 201__

Client Signature

Disclosure Statement

Steven Horne, Herbalist AHG

Steven Horne has studied herbs for over thirty-five years. He has attended numerous seminars and classes to further his knowledge, and has devoted his career to continuing his education through research from hundreds of books on herbs, nutrition and natural healing arts.

Steven had two years intense training and apprenticeship with Master Herbalist Edward Milo Millet, who was the ghost-writer for John Christopher's *School of Natural Healing*. He helped develop herbal training program for Mr. Millet's *Institute of Creative and Natural Studies* and received a *Certified Herbalist* designation from his school.

Steven spent one year working with Dr. C. Samuel West at the *International Academy of Lymphology*. He was an instructor for the Academy, teaching classes on the lymphatic system, pain relief and inflammation. He received certificates as Certified Lymphologist and Registered Lymphologist from the Academy.

For six years Steven worked for Nature's Sunshine Products (NSP). He spent two years as the editor of corporate publications and four years as national sales manager. As sales manager he developed training programs and instructed the field sales force in herbalism, iridology, kinesiology, body typing and nutrition. As part of this work, he taught all over the United States and Canada, and several foreign countries (Malaysia, Australia, New Zealand, England and Mainland China). He developed NSP's Body Systems Approach and Lifestyle Analysis.

After leaving employment with NSP, Steven has continued to consult periodically with NSP, developing programs like the *School of Natural Health*, the *Natural Health Consult (NHC) Certification Program*, and helping with the *Untold Truth* series. He has continued to lecture all over North America and occasionally in other countries and, in addition to speaking at conferences for NSP, has spoken at the *Annual Symposium of the American Herbalist's Guild*, *HerbFest*, *Clayton College's Annual Symposium* and *ExpoWest*.

As an herbalist, Steven has been peer-reviewed and accepted as a professional member of the American Herbalist's Guild (AHG) in 1994. He served as a board member for four years, and as President of the Guild for another four years. He has been active in helping to move the Guild forward in achieving its goals of improving the practice of herbal medicine in the US by providing educational guidelines, peer review, code of ethics and certification testing for herbalists. Steven also studied Michael Tierra's East/West Herb Course.

As an iridologist, Steven completed the International Iridology Practitioner's Association's (IIPA) Training Program, coursework with Dr. Jensen, and coursework in sclerology with Grand Medicine's International.

Steven also studied Hakim Chisti's Sufi Healing and Aromatherapy Practitioner's Courses.

Steven is President and Founder of Tree of Light Publishing, and co-owner of Vital Solutions and ABC Herbs.

Personal Health Evaluation

I. Personal Information

Name		Date	
Street Address		Phone	
City, State, Zip		Referred by:	
Age and Sex	Height	Weight	Blood Type (if known)

II. Diet, Nutrition and General Health Practices

a. How often do you consume the following? (1 = Very Frequently, 2 = Often, 3 = Rarely, 4 = Never)														
Refined Sugar	1	2	3	4	Dairy Products	1	2	3	4	Fresh Fruits	1	2	3	4
White Flour	1	2	3	4	Pork/Shellfish	1	2	3	4	Vegetables	1	2	3	4
Alcohol	1	2	3	4	Red Meat	1	2	3	4	Green Salads	1	2	3	4
Fried Foods	1	2	3	4	Chicken/Turkey	1	2	3	4	Whole Grains	1	2	3	4
Caffeine Drinks	1	2	3	4	Artificial Sweeteners	1	2	3	4	Fresh Fish	1	2	3	4
b. How much water do you drink each day? _____ cups. What kind of water do you drink?														
a. How much sleep do you get each night on the average? _____ hours. How do you sleep?														
b. How often do you exercise? _____ hours per _____ . What do you do for exercise?														
c. What is your energy level like?														
d. How often do your bowels eliminate?														
e. Do you feel like you are under stress? If so, explain.														
f. What nutritional supplements are you currently taking?														

III. Medical Information

a. What are your current health concerns?

b. List any serious illnesses or surgeries you have had in the past.

c. Are you under a medical doctor's care for your condition? _____
If so, what medications, drugs or therapies are you currently using?

c. What medications, medical procedures, supplements or therapies have you previously tried for your condition? Were any of these supplements or therapies helpful? If so, please note which ones were helpful.

d. Additional comments or helpful information, if any.

IV. Specific Symptoms

a. Have you been diagnosed by a licensed physician with any of the following? Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Cirrhosis of the Liver | <input type="checkbox"/> Irritable Bowel Syndrome | |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Low Thyroid | |

b. Do you suffer from any of the following? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Fatigue in the afternoons | <input type="checkbox"/> Muddled thinking, confusion or mental sluggishness |
| <input type="checkbox"/> Absent-mindedness | <input type="checkbox"/> Fatigue, chronic or excessive | <input type="checkbox"/> Muscle tension |
| <input type="checkbox"/> Acid indigestion or heartburn | <input type="checkbox"/> Fear, excessive | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Food allergies | <input type="checkbox"/> PMS (females only) |
| <input type="checkbox"/> Allergies, food | <input type="checkbox"/> Food sits heavy on stomach after eating | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Allergies, respiratory | <input type="checkbox"/> Frequent infections | <input type="checkbox"/> Prostate problems (males only) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Frequent thirst | <input type="checkbox"/> Puffiness under eyes |
| <input type="checkbox"/> Anger, excessive | <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Rapid heart beat |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> General weakness or chronic illness | <input type="checkbox"/> Rashes |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Restless dreams or nightmares |
| <input type="checkbox"/> Bad breath or body odor | <input type="checkbox"/> Headaches | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Bladder infections | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Scant or excessive urination |
| <input type="checkbox"/> Brittle fingernails | <input type="checkbox"/> Heavy periods (females only) | <input type="checkbox"/> Sensation of lump in throat |
| <input type="checkbox"/> Burning or painful urination | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Sinusitis or sinus congestion |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Sinus headaches |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Skin problems (acne, rashes, etc.) |
| <input type="checkbox"/> Cold sores | <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Stiff, aching or painful muscles |
| <input type="checkbox"/> Congested air passages | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Stomachache |
| <input type="checkbox"/> Constipation or dry stools | <input type="checkbox"/> Impotency (males only) | <input type="checkbox"/> Swollen lymph glands |
| <input type="checkbox"/> Coughing, chronic | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Cravings for fats or fried foods | <input type="checkbox"/> Infertility | <input type="checkbox"/> Underweight or unable to gain weight |
| <input type="checkbox"/> Cravings for sugar | <input type="checkbox"/> Intestinal gas or bloating | <input type="checkbox"/> Urinating at night |
| <input type="checkbox"/> Dark circles under eyes | <input type="checkbox"/> Irritability | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Itching, skin | <input type="checkbox"/> Waking up frequently at night |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Itchy nose or ears | <input type="checkbox"/> Water retention or edema |
| <input type="checkbox"/> Difficult urination | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Weak legs, knees or ankles |
| <input type="checkbox"/> Difficulty getting to sleep | <input type="checkbox"/> Joint pain or gout | <input type="checkbox"/> Wheezing or shortness of breath |
| <input type="checkbox"/> Dizziness or light headedness. | <input type="checkbox"/> Leg cramps or pains | <input type="checkbox"/> Wounds won't heal in extremities |
| <input type="checkbox"/> Dry skin or eyes. | <input type="checkbox"/> Loose stool or diarrhea | <input type="checkbox"/> Yeast infections |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Loss of appetite or poor appetite | |
| <input type="checkbox"/> Erection difficulty (males only) | <input type="checkbox"/> Loss of sexual desire | |
| <input type="checkbox"/> Excess mucus production | <input type="checkbox"/> Loss of smell | |
| <input type="checkbox"/> Excess weight | <input type="checkbox"/> Loss of taste | |
| <input type="checkbox"/> Family history of heart disease | <input type="checkbox"/> Migraine headaches | |
| | <input type="checkbox"/> Mood swings | |

Please feel free to include any additional Information that may help me evaluate your situation: