



# Tree of Life

Supporting Genetics Naturally

## CLIENT HANDBOOK

*Our mission is to educate clients on achieving optimal health and well-being by using nutrition to support function. Our team of experienced practitioners are ready to provide a cutting-edge approach to supporting your health.*

**Phone: 717-733-2003**

Website: [www.tolhealth.com](http://www.tolhealth.com)

Email: [clientcare@tolhealth.com](mailto:clientcare@tolhealth.com)

Address: 15 Pleasure Rd, Ephrata PA 17522

Fax: 717-733-1756

## Welcome New Client,

Our professional team of natural health practitioners offer a cutting-edge approach to support your health naturally. We educate clients on achieving optimal health and well-being by using nutrition to support function. Optimal health can be maintained when the body can receive and assimilate the nutrients necessary for proper cell function while adequately removing toxic substances that are a result of normal body function, and the ever increasing burden for environmental toxins.

This is not medical care, and would be considered complementary, that is in addition to standard medical care.

Tree of Life specializes in helping clients understand their 23andMe genetic test results. With the advancement of DNA testing, a new approach to wellness is emerging. Bob Miller, Traditional Naturopath, founder and president of NutriGenetic Research Institute, and our team of researchers developed the MethylGenetic Nutrition Software Program to help identify where genes may be contributing to nutritional deficiencies or detoxification weakness. Please let our office know if you are interested in more information on genetic testing.

### Getting Started:

- Call to schedule a consultation. Initial appointments book approximately 3 months in advance. Fee \$150.
- Submit ALL paperwork and test results 2 week prior to consultation (Phone and SKYPE only).

### Questions and Communication with your Practitioner:

- Direct any questions to a Client Care Coordinator ([clientcare@tolhealth.com](mailto:clientcare@tolhealth.com)) or call into extension #307.
- Due to the high volume of inquiries we encourage non-critical questions to be saved for your follow up visits. Our practitioners devote the necessary time for each question they review.
- Outside of your visit, there may be a nominal fee for questions that require the practitioner to review and record in your file. This is to provide fair support for all our clients and helps us answer questions in a timely manner. Depending on the complexity of the questions, the fee ranges from \$5 - \$20. Any question that takes longer than 15 minutes for the practitioner to answer requires a follow up consult.
- Our practitioners often suggest supplement protocols that change over time. For example, we may first focus on inflammation and/or detoxification, and then move to supporting function, and then maintenance. Regular follow up visits are necessary for success on the supplement protocol. It is important to have the financial ability and willingness to continue with our office. One consultation is not adequate for long-term support. Please give this some consideration before starting to see if this is an approach you are comfortable following.
- We are NOT a medical facility. Any questions about prescriptions, medical tests, serious symptoms or anything medically urgent is beyond our scope and will not be answered. You will be directed to a doctor.

### After your Consultation: *(In house appointments will receive at their visit)*

- You will receive an email with instructions and follow up information
- It will include a **Supplement Recommendation Sheet** and Price List
  - Instructions for scheduling a follow up visit (Cost: \$45 for 30 min/\$75 for 1 hr)
  - Instructions for ordering the supplements and tests

### Supplement Recommendation Sheet:

- All of the supplements listed on your recommendation sheet are suggested for you.
- The daily amount is listed in the 'Total Day' column.
- It may be specified what time of day to take a supplement. If there is no notation, it can be taken any time that is convenient. Most clients prefer taking them with breakfast or splitting them up between breakfast and lunch.
- It is common for clients to notice positive changes within the first 2 months. For some, it may take longer to notice any changes. Our goal is to see small, but steady, improvements within the first 3 months.

### Test Recommendations:

- Recommended tests can be purchased through our office. Most of the tests we offer can be completed at home and shipped directly to the lab. If a test requires a blood draw, secure a lab in your area that will complete the test. Pre-paid shipping labels to the lab are provided.
- Some clients have success asking their medical doctors to order the tests for them so it can be covered by insurance. Check with your doctor and your insurance company to inquire further. Since we are not a medical facility we cannot provide diagnosis codes or work with insurance companies in any way.

### Payment

- Payment is due at the time of service. We do not accept any type of insurance.
  - We accept: Cash, Check, Debit Cards, and all major Credit Cards.
- **If you cancel an appointment with less than 48 hours' notice, or fail to make the scheduled time, you will be charged the full appointment fee.**
- If you call to reschedule your appointment with less than 48 hours' notice and choose to schedule another time, **you will be charged half of the original appointment fee.**
- We have a very busy practice. When appointments are canceled, or rescheduled with adequate advance notice, it is likely another client in need will be able to use the time-slot. We have a long wait list for appointments with our practitioners.
- If your appointment is via phone or video, and you live outside the Eastern Standard Time Zone (EST), pay extra attention to the time of the appointment. If you need help, here is a link: <http://www.thetimezoneconverter.com/>

## Ordering Supplements

- All orders are placed through the front desk staff and are processed by our Inventory Department.
- Prepare your order prior to calling. The daily recommended amount is listed on your Supplement Report and the count in each bottle is listed on the price list.
- Make sure to calculate your order to have enough supplements until your follow up appointment.
- Email orders to: [orders@tolhealth.com](mailto:orders@tolhealth.com) or call the front desk at 717-733-2003 Extension: #0
- We ship via USPS (United States Postal Service).
- Shipping usually takes 2-5 days to get to our clients in the USA. Shipping costs and delivery times are based on the weight of the package and its destination.
- It takes 24-48 hours for our office to process your order and prepare the package. Please keep this in mind when running low on supplements.
- If you live in a city, please request that we ship 'signature required'. **Tree of Life is not responsible for lost shipments.**
- Non-USA clients – Please be aware that we must fill in the customs form inside of the legal realm of USPS. When filling out the customs form we use the wholesale cost of supplements (their value). This should help offset some duty fees.

## Urine & Saliva Collection Instructions *(in office appointments ONLY)*

- Stop all food and drink 7-8 hours prior to collecting samples. This includes WATER, mouthwash, mints, toothpaste, lipstick, etc. Take medications as directed with as little water as possible. During the night, if you wake up extremely dry, you can take a sip of water to wet your mouth. You may eat and drink after collection is complete.
- Stop the use of iodine supplements and refrain from foods high in iodine 24 hours prior to your consult.
- Collect your urine and saliva in two separate clean and disposable plastic or glass containers, each with a seal-tight lid. Please do not use paper or Styrofoam cups or plastic baggies! Keep samples cool until you arrive at the office.
  - **Urine Sample:** Collect ¼ cup, first void of the day
  - **Saliva Sample:** Collect 1 tablespoon

# Client Intake Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ |  Male  Female | Weight: \_\_\_\_\_ Height: \_\_\_\_\_

PRIMARY Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Office

SECONDARY Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Cell  Home  Office

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Skype ID: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Please list your health concerns in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

How were you referred to this office?

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for the consultation?

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**Please Check the Following that Apply to You:**

I'M INTERESTED IN:

Having a consultation via  Phone  SKYPE  In Person

A one-time consultation to learn about my genetics  Yes  No

A one-time consultation to learn about nutritional support  Yes  No

Becoming a long-term client and scheduling regular follow-up visits  Yes  No  Maybe

Making dietary changes  Yes  No  Maybe

**Additional Questions**

On a scale of 1 to 5, how complicated do you feel your case is?  1  2  3  4  5 [1 = not very]

How much of a priority are your health concerns in your life?  1  2  3  4  5 [1 = not very]

What is your level of commitment to utilizing the recommendations?  1  2  3  4  5 [1 = not very]

Are you interested in taking supplements recommended by a practitioner  Yes  No  Maybe

Are you interested in having guidance on a long-term supplement plan?  Yes  No  Maybe

Do you see value in taking supplements that have a long-term or anti-aging benefit?  Yes  No  Maybe

Do you see any other alternative or complementary practitioners or doctors?  Yes  No

If yes, do you think they will be supportive of our recommendations?  Yes  No  Not Sure

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If yes, will you be consulting with them to review our recommendations  Yes  No

If yes, please describe how they will review/approve our recommendations.

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What is your level of experience with supplements?

- New
- Slightly Familiar
- Familiar

Supplement protocols are constructed in terms of “good”, “better” or “best” to meet an individual’s needs and goals. The difference is the amount of supplements recommended for how many functions are nutritionally supported. What approach do you foresee yourself taking?

- Good Approach* – A fundamental supplement strategy covering the primary concerns.
- Better Approach* – An essential, middle of the road plan covering the majority of areas of concern.
- Best Approach* – An accelerated program, likely producing the quickest desired results along with an anti-aging, and long term health promoting efforts.
- Gradual Approach* – A conservative approach that progresses slower. Maybe adding one supplement at a time to see how you do, and may need to do much less than what would be considered “good”.
- Unsure

We recommend professional grade supplements that are sold exclusively to health practitioners. The ingredients are high quality and they are manufactured with integrity. This generally results in the supplements being a higher price than found in major retailers. Our clients spend a monthly average of \$150 – \$350 on supplements. What is your level of comfort with this investment?

- At this time, beyond my financial abilities
- Reluctant to invest this amount on supplements monthly
- Might be affordable, need to learn more
- Within the budget
- Finances are not a hindrance

We carry over 1,000 supplements from a variety of reputable suppliers. Our practitioners collaborate with Professional Health Products to create the MethylGenetic Nutrition Supplement Line. This collection is specifically designed to target possible nutritional deficiencies based on a person’s genetic predisposition. Each supplement was developed based on our research and clinical experience, combining the most effective materials for a potent product. Our unique formulations frequently use blends of herbs, plants and/or animals. Are you comfortable taking supplement blends?  Yes  No

Do you have financial hardships?  Yes  No

If yes, please provide summary:

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**Health Questions**

Do you have any medical conditions that have been diagnosed by a doctor?  Yes  No If Yes, please explain.

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Are you nursing or pregnant?  Yes  No

Have you had any prior surgeries?  Yes  No If yes, please describe.

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Do you experience any of the following:  Diarrhea  Gas  Bloating  Acid Reflux

How is your digestion?

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How often do your bowels move? \_\_\_\_\_

What is the amount of your daily water intake? \_\_\_\_\_

Do you experience cravings or have addictions?

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What is your level of stress?  1  2  3  4  5 [1 = not very]

Are you currently or have you ever been a smoker?  Yes  No  Tobacco  Marijuana

Do you drink alcohol?  1  2  3  4  5 [1 = not very often]

Have you ever worked with or been around any chemicals such as herbicides/pesticides, welding, industrial chemicals, gas, oil, hair dyes, fumes, metal, etc.? Please describe and for how long?

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Do you have allergies/are you allergic to anything?

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Have you had a negative reaction to any supplements? Please list the names and what you experienced.

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Are you familiar with or ever experienced a Herxheimer Reaction?  Yes  No If yes, please describe.

*Herxheimer Reaction is a short-term detoxification reaction in the body. As the body detoxifies is not uncommon to experience symptoms, frequently they are flu-like.*

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Do you eat a modified diet?  Yes  No

Gluten Free  Dairy Free  Paleo  Low Sugar  Vegetarian  Auto Immune

Are there any dietary plans you have tried and done well on, or had a poor experience with? Please list both good and bad experiences.

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Do you eat breakfast daily?  Yes  No

Do you snack?  Yes  No If so, how many times per day? \_\_\_\_\_

Please provide a list of common beverages:

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## Payment, Cancellation and Agreement Policies

This agreement explains your financial obligations and our policies regarding cancellations

- Payment is always due at the time of service.

### We Accept:

- Cash
- Check
- Debit Card
- Visa
- Master Card
- Discover
- American Express

### All Practitioner Appointments:

- If you cancel your appointment with less than 48 hours' notice, or fail to make the scheduled time, you will be charged the full appointment fee.
- If you call to reschedule your appointment with less than 48 hours' notice and choose to schedule another time, you will be charged half of the original appointment fee.
- We have a very busy practice. When appointments are canceled or rescheduled with adequate advance notice, it is more likely that another client in need will be able to use the time-slot. When appointments are canceled or rescheduled at the last minute, or a client fails to show up for an appointment, another client may be deprived the care they need.

*By signing below, you are agreeing to the terms to the Payment Agreement & Cancellation Policy explained above.*

*Tree of Life is not a medical facility and does not diagnose, treat or prescribe. I will not hold Tree of Life responsible for any health or any health-related conditions. I understand Tree of Life makes recommendations for nutritional support, diet and lifestyle that are not designed to treat any disease or medical condition. By signing below you indicate that you understand this information.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_