



V. 7-21-25

NATURAL HEALTH SURVEY

Today's Date : _____

Name: _____

Cell Phone : _____

Home Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Occupation: _____

Referred by : _____

E-Mail Address: _____

Height: _____ Weight: _____ Birthdate: _____ Age: _____

Marital status: (circle) Married Single Divorced Widowed

Do you prefer TEXTS OR EMAILS to contact you concerning your consultations? _____

Instructions: *write in your answers below*

LIST ALL **CURRENT** SYMPTOMS that you want help with:

WOMEN ONLY: MENSTRUAL HISTORY / PREGNANCIES

Pregnancies? _____ Miscarriages? _____ Year you entered menopause: _____

1st day of your last menstrual cycle (spotting / bleeding) if you are still cycling? _____

SURGERY / HOSPITALIZATIONS

☐ Ablation ☐ Gallbladder ☐ Thyroidectomy ☐ Hysterectomy ☐ Other: _____

HABITS / ENVIRONMENT

Do you:

_____ Drink 40-80 ounces of water daily

_____ Walk or exercise 30 minutes daily

_____ Sleep 7-8 hours nightly

_____ Have drama / negativity in your life

_____ Eat at regular times and stop at 7pm

_____ Eat processed or fast food or restaurant foods regularly

LIST ALL vitamin, mineral, hormonal supplements:

Please list all Major mental/emotional traumas: (loss of loved one, divorce, career change, miscarriage, major disease, etc.)

What is your present level of commitment to address any underlying causes of your symptoms that relate to your lifestyle? Circle level of commitment: 0% 1 2 3 4 5 6 7 8 9 10 (100%)

Please list ALL hormones or medications you are currently taking:

1. Medication: _____ Dosage: _____ Doctor: _____
2. Medication: _____ Dosage: _____ Doctor: _____
3. Medication: _____ Dosage: _____ Doctor: _____
4. Medication: _____ Dosage: _____ Doctor: _____
5. Medication: _____ Dosage: _____ Doctor: _____
6. Medication: _____ Dosage: _____ Doctor: _____

Additional:



NEW Appointments / Cancellations

If you are a new client we DO require the completed **NEW CLIENT** form in our office prior to us scheduling your appointment

INITIAL EACH PARAGRAPH:

_____ **Cancellation/Reschedule Policy:** *We require a credit card on file when you make the appt. If you cancel your appointment with less than 3 full business days or do not show up for the consult, Optimum Solutions LLC. DBA That's Health Consulting will charge \$127.00 for the cancellation/no show. If you give us less than 3 business days, we are unable to fill your spot and this stops others from receiving service. If you are a NO-SHOW or cancel in less 3 business days more than once, you must pay in full in advance at time of scheduling. All payments / pre-payments are non-refundable. (Our business days are Monday thru Wednesday 7:30am-2pm / Thursday 7:30am-10am)*

_____ **We do not offer advice on social media platforms. If you have a question, please contact the office 337-989-0572 and we will determine if an in office consult or simple text/email will suffice.**

We must have a valid credit card at time of scheduling:

Signature: _____

Date: _____

Credit card #: _____ Exp Date: _____ Code: _____

Please expect to be here 30 minutes to an hour for your appointment. We do the best we can to see everyone in a very timely manner. Please be on time or a little early for your appointed time. We are very conscientious about seeing clients on time. If you are running late this causes a domino effect and puts us behind for everyone else.

***Please bring any supplements and ALL prescriptions/hormones/thyroid that you may currently be taking to the appointment.**



Legal Consent and Disclosure Statement - **Initial each section marked:**

☐ I understand that I am financially responsible for all charges for services rendered by Optimum Solutions, LLC. DBA That's Health Consulting. **I understand THAT'S HEALTH CONSULTING does not file insurance claims nor accept insurance as payment for any services or products. I understand they are NOT a medical clinic, and that Marie Pace is a Traditional Naturopathic doctor/Consultant, NOT a medical doctor.** I do understand and acknowledge that for any return of un-opened products or un-used testing kits within 30 days of purchase that I will receive in-house credit ONLY due to the personalized nature of service and products. If any un-used products or un-used testing kits are returned there is a 15% restocking/admin fee, which will be subtracted from the total credit given in-house.

☐ **NOTICE:** All testing kits and/or blood test orders purchased through That's Health, must be completed within 3 months of purchase. NO refunds nor in house credit will be given after that time. If you notify us of cancellation within the 3 months of purchase, ONLY in house credit will be given and must be used within 12 months from the date of purchase.

☐ I request that Marie Pace, DNM, HHP, CNC do a nutritional and/or hormonal evaluation and educate me on a program of diet, nutritional supplements and/or natural bio-identical hormones and lifestyle changes for the purpose of reducing stress and enhancing my health. I understand that Marie Pace, DNM, HHP, CNC has degrees as a "Certified Nutritional Counselor"; "Holistic Health Specialist "; and "Doctor of Naturopathic Ministries" (equivalent to a doctorate degree) from Trinity School of Natural Health in Warsaw, Indiana (a national professionally accredited school by the American Naturopathic Medical Certification and Accreditation Board, Inc. for natural health). I understand that she has 25+ years of experience and over 2000+ hours of training and has worked with over 3000 clients. I understand that she is board certified as a Holistic Health Practitioner by the American Association of Drugless Practitioners and is approved to deliver saliva hormone testing kits from various labs, Hair Tissue Mineral Analysis, Food allergy testing, etc. **We do not provide individual medical advice nor prescribe treatment. Instead, we provide an educational service for individuals, families and their medical doctors to know what options are available to help them with their health issues.** Optimum Solutions LLC/That's Health Consulting does not keep records on file. All clients are given copies of all notes, testing results, etc.

☐ I understand that Marie Pace (& any employee at Optimum Solutions LLC. DBA THAT'S HEALTH CONSULTING) is NOT a medical doctor and cannot prescribe controlled medicines, diagnose diseases, nor do invasive practices. I understand that a natural health care consultation is NOT intended as a diagnosis, prescription, treatment nor cure for any disease, mental or physical and is not a substitute for regular medical care by a licensed, ethical medical doctor. The information I receive is for the reduction of stress in my life and body. It is not intended as treatment or prescription for any disease nor as a substitute for regular medical care. The goal is to enhance and compliment good medicine with the support of natural remedies. I understand that I should not adjust nor discontinue any medicine/drug that has been prescribed to me by my regular medical doctor without their express permission and instruction. I understand that Optimum Solutions LLC and any employee of stated LLC & DBA is not giving me any guarantee, warranty, or assurances, expressed or implied, concerning the services/products provided just as no medical doctor can guarantee their services or medications. I understand that the two methods should work hand in hand. I agree to legally hold harmless any employee or owner of Optimum Solutions, L.L.C, THAT'S HEALTH and/or the corporation itself,. And realize that I alone am responsible for my health. If I choose to administer any information obtained by the employees or owners of Optimum Solutions, L.L.C. or THAT'S HEALTH CONSULTING, I do so under my own will.

☐ The State of Louisiana does not license natural health consultants. The food and dietary supplements that might be recommended are not pharmaceutical drugs and, therefore, have not been subjected to, nor need, approval by the FDA by law. Yet all the supplements we might suggest are manufactured in FDA approved labs. Under the Ninth Amendment to the Constitutional the United States Government of America, I retain the right to freedom of choice in health care. This includes the right to choose my diet and hormone supplementation and to obtain, purchase and use any therapy, regimen, modality, remedy, or product recommended by the therapist, consultant, doctor or any practitioner of my choice. The enumeration in this declaration of these rights shall not be construed to deny or disparage other rights retained by me, or my right to amend this declaration in writing at any time.

☐ I have read the above and had the opportunity to ask any questions necessary concerning this document. I have received, to my satisfaction, answers to any questions I have had prior to service. I intend this consent form to cover the entire course of any holistic program designed for my present condition and for any future condition(s) for which I seek assistance. I understand that I am free to withdraw my consent at any time and agree to do so in writing. Your signature below denotes your clear understanding and agreement of the above.

☐ I understand the hazards of viruses and similar infectious diseases and accepts full responsibility for self-compliance with the most recent CDC guidelines. Notwithstanding the risks associated with infectious disease, which are readily acknowledged, I hereby willingly choose to participate in consulting with That's Health, acknowledging and fully assuming the risk of illness or death arising from participating in the activities, arising from or out of, or relating to, directly or indirectly, the infection of coronavirus or any other illness or injury.

Client's Signature _____ Date _____ PRINT NAME: _____