Sarah W. Dible, MSPT
Rejuvenance Therapy, LLC

REJUVENANCE.COM
204 East 25th Street. Vancouver WA, 98663
Phone: 360.601.7485 | Fax: 360.553.4165

Client Consent:
Sarah W. Dible graduated in 1998 from Andrews University in Berrien Springs MI. She received a Master of Science in Physical Therapy (MSPT). She has been Board Certified since 1998. She has practiced in Orthopedics and more recently started practicing Complementary Energetic Therapies.

In 2010, Sarah completed Dr. Ellen Cutler's Basic and Advanced Training and since then completed several advanced training seminars and is a certified practitioner of BioSET in good standing.

BioSET (**BIO**-energetic **S**ensitivity and **E**nzyme **T**herapy) is a complimentary healing arts service. It was developed by Dr. Ellen Cutler D.C. The nature of the BioSET system consists of nutritional, (enzymatic, homeopathic and dietary) and energetic evaluation and assessment. It is based on the Immunology and Manual therapy philosophy.

BioSET is a non-invasive, safe and natural desensitization technique for the often permanent elimination of allergies and sensitivities. The BioSET system, along with dietary, healthy lifestyle modification and exercise, can have beneficial influences in a multitude of health challenges.
At no time will your BioSET practitioner recommend that you stop taking your prescription medications without referral to your prescribing physician. Additionally, any supplements you have been recommended to use by another health professional may be continued. Evaluation of the individual biocompatibility and effectiveness of a supplement of medication will be addressed as part of the bio-energetic assessment. However, in many instances, as desensitization to allergic and improper immune responses occur, you may be advised to check with your particular medication. Likewise, supplement use will be evaluated and the need for certain supplements may be altered while undergoing BioSET.

The services we provide at Rejuvenance Therapy LLC. are considered "Alternative", and as such are usually only covered by HSA (Health Saving Accounts) or "Flex" spending accounts. These are the only insurance plans we accept. We do NOT accept or file insurance forms for any health insurance plans. We do require payment at the time of your appointment; we accept cash, checks, Visa, MC.

Fees for BioSET Treatments: **Adults and Children**
BioSET Evaluation (first visit 90 minutes): $210 plus any additional supplements.
BioSET Follow-up (45-60 minutes): $85

By signing this form you, the patient, acknowledge the above statements and authorize Sarah W. Dible, MSPT to administer any BioSET treatments and / or diagnostic procedure she deems necessary and advisable for your BioSET sessions; and to release any information pertinent to your case to any health care practitioner involved in this case.

Patient Name: _____

Patient Signature: _____ Date: _____
(Or Guardian's signature if patient is under 18 years old)

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New Patient Intake Form

Name:_____
If a minor, Name of Parents / Guardian: _____

Address: _____
City:_____ State: _____ Zip Code: _____

Home Telephone (with area code): _____
Work Telephone (with area code): _____
Cell Phone (with area code): _____

Date of Birth (month/date/year): _____ Age: _____ Sex: M / F

Occupation: _____

Who referred you to Sarah W. Dible? _____

What is the main reason you are seeking care?_____
_____
_____
_____

Surgeries / Major Illnesses: _____
_____
_____

Other Practitioners You See:
M.D.: _____
Acupuncturist: _____
Chiropractor:_____
Massage Therapist: _____
Naturopath: _____
Other: _____

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Medications You Are Currently Taking
Name / Reason for Taking / Frequency of use

Supplements / Vitamins / Homeopathics / Herbs You Are Currently Taking

Name / Reason for taking / Frequency of use

Health Habits

Hours of sleep a day: ____ Do you feel rested upon waking? _____

Do you exercise? _____ What kind and Frequency? _____

Do you use any of the following? If so, how often?

___ Caffeine: _____
___ Alcohol: _____
___ Tobacco: _____

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Please indicate symptoms you are **CURRENTLY** having or have **REGULARLY**

___ Absent Minded
___ Abdominal Bloating
___ Acne
___ Acid Reflux
___ Addiction to Alcohol
___ Addiction to Drugs
___ Addiction to Tobacco
___ Appetite - Excessive / Low
___ Arthritis
___ Asthma
___ Bad Breath
___ Burping
___ Body Odor
___ Blood Pressure – High / Low
___ Breast Pain / Swelling / Lumps
___ Canker Sores / Cold Sores
___ Colds – Frequently get
___ Colitis
___ Constipation
___ Cough
___ Carve Salt / Sour / Sweet
___ Diarrhea
___ Digestive Troubles
___ Dreams – Disturbing
___ Dry Eyes
___ Dry Skin
___ Ears - Ache / Infection / Congested
___ Ear Ringing
___ Eating Disorder
___ Edema (swelling)
___ Excessive Thirst
___ Eyes – Watery
___ Eyes – Red / Puffy / Itchy
___ Eye – Vision Problems
___ Fatigue
___ Fungus
___ Gas
___ Gums Swollen / Red
___ Hay Fever
___ Headaches
___ High Alt. Problems
___ Hot Flashes
___ Hoarseness
___ Humidity Discomfort
___ Hyperactivity
___ Indigestion
___ Insomnia
___ Irritable Bowel
___ Joint Pain / Swelling
___ Infections
___ Loss of Taste/ Smell
___ Lump in Throat
___ Menses - Difficulty
___ Mental Confusion
___ Metallic Taste
___ Moody
___ Motion Sickness
___ Muscle Cramps
___ Muscle Spasms
___ Nasal Polyps
___ Nasal Congestion
___ Nasal Drip
___ Nausea
___ Nervous Stomach
___ Night Sweats
___ Numbness
___ Psoriasis
___ Restless Leg
___ Seizures
___ Shortness of Breath
___ Sinusitis
___ Skin Rash
___ Skin Itch
___ Skin Burning
___ Sleeping Problems
___ Sneezing
___ Sore Throat
___ Stomach Discomfort
___ Swollen Glands
___ Teeth Pain
___ Tongue Swelling
___ Throat Constriction
___ Tightness in Chest
___ Tires Easily
___ Urinary Tract Disorders
___ Urination Painful / Burning
___ Vomiting
___ Weight Loss / Gain
___ Yeast Infections

Any other symptoms: _____

_____

_____

_____

_____

Is there anything else you would like Sarah to know about your health?

_____

_____

_____

What are your personal goals for **BioSET**.

1: _____

_____

2: _____

_____

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Please mark all the foods you consume. Circle any that you know bother you.

NUTS
___ Almond
___ Brazil
___ Cashew
___ Coconut
___ Hazelnut
___ Macadamia
___ Peanut
___ Pecan
___ Pinenut
___ Pistachio
___ Sesame Seed
___ Sunflower Seed
___ Walnut, Black
___ Walnut, English

OIL
___ Oil, Almond
___ Black Currant Seed
___ Oil, Canola
___ Oil, Corn
___ Crisco
___ Evening Primrose
___ Fish Oil
___ Flaxseed Oil
___ Olive Oil
___ Coconut Oil
___ Oil, Peanut
___ Oil, Sesame
___ Superheated Vegetable oil

SPICES
___ Allspice
___ Anise Seed
___ Basil
___ Bay Leaf
___ Bay Berry
___ Caraway Seed
___ Celery Seed
___ Chili Powder
___ Cilantro
___ Cinnamon
___ Clove
___ Coriander
___ Cumin
___ Curry
___ Dill
___ Fennel Seed
___ Ginger
___ Lemon Grass
___ Marjoram
___ Mustard Seed
___ Nutmeg
___ Oregano
___ Paprika
___ Pepper, Black
___ Poppyseed
___ Quince Seed
___ Red Pepper
___ Rosemary
___ Saffron
___ Sage
___ Savory
___ Sesame Seed
___ Spearmint
___ Tarragon
___ Thyme
___ Turmeric
___ Valerian
___ Vanilla

VEGETABLES
___ Alfalfa Sprouts
___ Arrowroot
___ Artichoke
___ Asparagus
___ Bamboo Shoots
___ Bean, Black
___ Bean, Garbanzo
___ Bean, Kidney
___ Bean, Lima
___ Bean, Navy
___ Bean, Pinto
___ Bean, Red Kidney
___ Bean, Soy
___ Bean Sprouts
___ Bean, String (Green)
___ Beet, Garden Red
___ Blackeye Peas
___ Broccoli
___ Brussel Sprouts
___ Cabbage
___ Carob
___ Carrot
___ Cauliflower
___ Celery
___ Chives
___ Collard Greens
___ Corn
___ Cucumber
___ Dandelion
___ Eggplant
___ Endive
___ Fennel
___ Garlic
___ Garbonzo Beans
___ Heart of Palm
___ Horseradish
___ Jicama
___ Kale
___ Kelp
___ Leek
___ Lentils
___ Lettuce
___ Mushrooms
___ Mustard Greens
___ Okra
___ Olive, Green
___ Onion
___ Parsley
___ Parsnip
___ Pea, Green
___ Pepper, Green/Red
___ Pickles, Dill
___ Pickles, Sweet
___ Pimento
___ Potato, Sweet
___ Potato, White
___ Potato, Red
___ Pumpkin
___ Radish
___ Rhubarb
___ Sea Weed
___ Spinach
___ Squash, Winter
___ Squash, Yellow
___ Swiss Chard
___ Tofu
___ Tomato
___ Turnip
___ Water Chestnut
___ Watercress
___ Yam
___ Zucchini

CONDIMENTS
___ Ketchup
___ Mayonnaise
___ Miracle Whip
___ Mustard, Dijon
___ Mustard, Yellow
___ Teriyaki