

Client Information Form

Please complete and sign with today's date

Name:

Date:

E-mail address:

Address:

City:

State:

Zip:

Telephone number (include area code):

Are you under a doctor's care?

Are you currently taking prescription or herbal medication /supplements? Yes No

Please describe your situation (Use the back if necessary)

Disclaimer

Jerry Wills is not a professional or licensed health care practitioner and make no claims in this regard. Although many who pass through our doors receive miraculous reversals to their diminished health conditions, we do not guarantee any results or outcomes, but leave that to *God's Will*.

If you are under the care of a physician or are taking medication, consult your physicians before changing or discontinuing any medication or current medical treatment. Adjustments of prescribed medications should only be done under the direct supervision of your physician. Implementing new items may alter your medication needs. Any suggestions made should be considered opinion only, not as a directive.

Information and statements regarding dietary supplements have not been evaluated by the Food and Drug Administration and are not intended to diagnose, treat, cure, or prevent any disease.

You understand Jerry Wills is only acting in the capacity of a minister or spiritual advisor. No medical training or affiliation with any medical practice is inferred or implied. Jerry Wills is not a doctor, does not diagnose, cure or treat. The information you receive today is offered only within the realm of a spiritual advisor. You should consult a qualified doctor regarding any medical condition for advice pertaining to your health.

Your outcome is entirely in God's hands. Your signature below assures your understanding and agreement of each point made. Any fee or donation provided is only for Jerry's time spent with you. There are no refunds. Your signature below assures you have read, understand and agree with this disclaimer and terms.

Your signature: _____

Date: _____