

# Wellspring to Wellbeing, LLC

**Marlene Boring**

Certified Qest4 Bioenergetic Provider

Faith-based Provider

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## CLIENT PROFILE

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

### **Fee Schedule**

Initial Qest4 Session – 1 hour and 15 minutes .....\$235.00

Follow-up Sessions:

1 hour .....\$190.00

15 minute extended increments ..... \$ 45.00

**Payment due at time of session**

Client's Signature: \_\_\_\_\_

Provider's Initials: \_\_\_\_\_

**Please give a 24-hour notice for changing or canceling your appointment.**

**Thank you.**

## DISCLAIMER

The QEST4 system provides a completely non-invasive method for gaining valuable information about an individual's Innate Intelligence and/or energetic field. The primary objective of the evaluation is to disclose energetic imbalances and provide feedback that will assist in developing a program to support each physical and energetic system of the body.

- ✱ I understand that the QEST4 evaluation does not provide a medical diagnosis and that my testing technician may recommend further medical care and testing. If I suspect I need medical intervention, I understand I should consult MY physician. I give my permission for the testing technician to evaluate me with the QEST4. I understand in doing so, my testing technician is NOT becoming my primary physician. I understand that the testing technician will give me information about my body's energetic field and make recommendations based on the QEST4 evaluation. I understand that the testing technician will not pass judgments on prescribed medications and it is the responsibility of my primary physician to make any adjustments to prescribed medications or methods of treatment. Any decision to follow through with the recommended protocol is my own decision and I will not hold the testing technician liable.
- ✱ I understand that I am here to learn about natural health and better lifestyle practices, and I will be offered information about food, supplements, and herbs as a guide to supporting my well-being.
- ✱ I understand that I should continue to see any physicians I may be currently under the care of and that any prescribed medications should not be altered without first consulting the physician who prescribed them.
- ✱ I fully understand that those who counsel me may not be licensed physicians. I am not seeking any medical diagnosis or medical treatment in relation to the QEST4 evaluation.
- ✱ I fully understand that information about traditional uses of supplementation that may support balance may be discussed. I fully understand that this information is not intended to be interpreted or used as a substitute for medical care offered by a licensed physician. I fully understand that anything said, done, typed, printed, or presented in any other fashion to me is not intended to diagnose, prescribe, treat, or take the place of a licensed physician.
- ✱ I fully understand that the intent is to provide educational information for the purpose of assisting me with the lifestyle changes necessary to regain and maintain an environment needed to support a well-balanced lifestyle.
- ✱ I am not on this visit, or any subsequent visit, acting as an agent for the federal, state, county, local law enforcement, or news media on a mission of entrapment or investigation.
- ✱ I understand that all information and conversations will be kept confidential, and that information concerning myself may only be released to a health professional with my written consent.
- ✱ I understand that the QEST4 evaluation will only identify energetic imbalances and does not diagnose any diseases. The Balancing Item refers to the energetic signatures needed to restore balance to body's energetic field. Balancing Items are defined differently from physician terms and are not a cure for any disease.
- ✱ I recognize that the QEST4 evaluation is an unorthodox approach to supporting my well-being. Being of sound mind, of my own free will and in exercise of my constitutional right for the attainment of life, liberty and the pursuit of happiness, I have chosen this evaluation method to assist in balancing my health.

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 Client Signature

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 Date

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 Guardian Signature (if under 18 years of age)

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 Relationship

# Professional Wellness Alliance

## Membership Agreement

**Who We Are:** The Professional Wellness Alliance is on a mission to assure that holistic providers have a defensible basis for offering their services and to bring individuals and families together with PWA licensed providers to learn ways to have the best in health.

**How it Works:** Licensed providers, Individuals and families join in a private member community to share the services defined below. The PWA is structured as a private community that requires licensing for providers to assure provider ethics, competency, and quality services along with good community order.

**Services Provided:** PWA licensed providers are authorized to assist members through health education, instruction and products.

**Services Not Provided:** PWA licensed providers do not offer any state licensed health services, DO NOT take responsibility for the health of any person or for the diagnosis, treatment or resolution of any symptom or condition.

**How Do I Enroll as A Member:** You may enroll as a PWA community member through the PWA website at <https://www.pwai.us/become-a-member> or through a PWA provider and you must agree to be accountable to the member rules shown below.

Agree that Provider Members (PWA Licensees) provide only the services described above under "Services Provided" and that these are self-help and educational services not medical services.

1. Agree that all records of services you receive are available to you upon request as "private member educational records" and not medical records;
2. Agree that the Professional Wellness Alliance does it's best to assure the integrity and competence of Provider Members (Licensees) and while Licensees represent the PWA mission, that they are independent educators that do not work for the PWA. Therefore, you agree to hold the PWA and affiliates harmless in all matters related to your association with PWA, affiliates or Provider Members;
3. Agree to make your best efforts to resolve any and all complaint you may have with another member with them personally and in the event you are unable to resolve satisfactorily, agree to settle any dispute or complaint through binding arbitration through a mutually agreed arbitrator;
4. Agree that any and all content on the PWA website, newsletters, writings, affiliate links or otherwise are for educational purposes only and are not intended as medical advice.

**Term and Cancellation:** Membership in the PWA shall begin when you agree to this Membership Agreement and shall terminate with written notice from you to the PWA or from the PWA to you. The PWA reserves the right to deny or terminate membership of any member without cause. Termination shall not waive or relieve you of any obligations or agreements made while you were an enrolled member.

By placing your signature below or agreeing to membership through the PWA on-line electronic system you accept membership and agree that this agreement is a "contract" binding you to follow the herein terms.

_____ Member Name	_____ Date	_____ Address
_____ City / State / Zip	_____ Email / Phone	_____ Member Signature

Enrolled Into Membership By: \_\_\_\_\_ PWA Provider # \_\_\_\_\_