



The Healing Sanctuary Institute of Texas

A Better Way to Naturally Reverse Aging

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Pamela Smith, a Bioenergetic Restorative Practitioner with a medical background. She is a pioneer of cutting edge technologies that enhance ones' quality of life and extends the human lifespan manually, spiritually, and physically. She holds a Doctorate in Rehabilitative Medicine (Physiatry) from Bad Ragaz, Switzerland. Her medical rotations were in Cambridge, England, Prague, and Czech Republic. She trained with Dr. John Upledger in Cranial Sacral Therapy, Somato Emotional Release and Dolphin Therapy for Cerebral Palsy. She completed studies with world leading Lymph-Edema expert, Dr. Bruno Chikly of France. She holds all three levels of Lymph Drainage certification. She studied for ten years under Dr. Igo Burdenko of Russia at the Burdenko Institution in Aquatic Rehabilitation. She holds an anti-Aging Medicine certification from the American Academy of anti-Aging. She is certified in the Halliwick Concept under John Lambert, PT of the Netherlands. She is certified in Body and Foot Reflexology, Acupressure points, and Cupping from Chinese Institute in Hong Kong. Other certifications includes, Myofascial Release 1 and 2 under John Barnes, Soft Tissue Mobilization Technologies from St. John Neuromuscular Pain Relief Institute, Soft tissue Mobilization of Cervical Spine and Shoulder Girdle from Hutchinson Therapy Association, Advance Ondamed Pulsed Electromagnetic Therapies, Emotion and Disease Training with Dr. Wright, Master Water Fitness Trainer, Master Scuba Diving for handicap, National Water Fitness Coordinators of America, Color Therapy under Color. She served the Royal Family in Abu Dhabi, United Emirates for two years developing health and wellness program for their school system, and health clubs. She is the Founder and CEO of The Healing Sanctuary Institute of Texas. She was the founder and developer of Aquatic Care Program, Inc and holds three aquatic therapy patents Aquassage, Aquatic Spinal Unwinding and Aquatic Deep-Water Traction. in Houston, Texas for 15 years. The Founder of Women's Ministry called Warrior Women in Christ and also the Founder of Humans and Hearts Therapeutic Riding Program in Argyle, Texas.



Private Membership Agreement

I hereby apply for membership in the Healing Sanctuary Institute of Texas- a private membership group. With the signing of this agreement I accept to offer made to become a member and I express my agreement with the following Declaration and Memorandum of Understanding.

Declaration

1. This Club is a membership hereby declares that our primary purpose is to protect and maintain our right to freedom of choice regarding alternative therapies, alternative modalities of treatment, health care decisions and health improvement practices that we choose to receive – by asserting our constitutional, contractual, and civil rights.
2. As members, we affirm our belief that the Constitution of the United States guarantees all Americans, particularly members of private academies, the right of freedom of association, speech, assembly, belief, and associated activities. These are our inalienable rights.
3. We declared and assert the right to select those who can be expected to give the wisest counsel and advice regarding traditional therapies, alternative modalities of treatment, health care decisions and the improvement practices and to authorize those members who are most skilled to facilitate the actual performance and delivery of health assistance and improvement methods that we deem appropriate.
4. We claim our freedom to choose and accept for ourselves the types of health care modalities that we think are best for determining the cause and correction of our health challenges. We do this in order that we might achieve optimal health and well-being. We reserve the right to include traditional, non-traditional or even unconventional health care options, plus other healing modalities or techniques used by healthcare professionals anywhere in the world that our member facilitators choose to deliver, with our approval.
5. More specifically, our mission is to provide members with the highest quality healthcare available. Our concern is for the whole person- body, mind, and spirit. We strive to stay on the leading edge of new and better health technologies.
6. This Club recognizes all persons as members, without respect to race, sex, creed, or religion, who are in accordance with our principles and policies.
7. Membership is for lifetime of this club.



Memorandum of Understanding

I understand that those members of the Club that provide services or advice do so in the capacity of fellow member-facilitators in a private manner and not in the capacity of public healthcare providers. I understand that within the Club there is no Public-Doctor-Patient or Public-Therapy-Client Recipient, to that of a Private Membership Club care recipient. I realize that in doing so I relinquish certain Federal and State protections and privileges.

I understand that it is my personal responsibility to evaluate the services offered and to educate myself as to the efficacy, risks, or desirability. I agree that the actions I take, in this regard are my own free will decisions. If I am accepted for membership, I will exercise my rights for my own benefit and agree to be harmless to the Club and member facilitators from any unintentional liability that might result from the advice or services I receive. Except from the harm that could remotely result from an instance of “a clear and present danger of substantive evil” determined by the Club and defined by the United States Supreme Court.

I understand and accept that, since the Club is protected by the First, Ninth, and Fourteenth Amendments to the United States Constitution, it is exempt from any action of Federal and State agencies entrusted to “protect the public”- as it relates to any complaints or grievances against the Club, its physical premises or equipment, its Trustees, member-facilitators, or other associated staff or consultants. All complaints or grievances will be settled by non-judicial mediation, within the Club. Also, those membership and private member records kept by the Club are strictly protected and can only be released upon written request of the subject member.

I agree that I am joining this private membership Club under the common law. I understand that members seek to help each other achieve and sustain better health. I accept that the facilitators, and other health care providers, who are fellow members, offer advice, services, and benefits that are not necessarily conventional or traditional.

As a member, my goal is to accept those health and wellness services that I feel will truly help me. I will choose procedures that I consider proper and have a reasonable chance of making my health and life better. I realize that no health screening, resulting conclusions or health care services are foolproof. For example, if I choose to forgo drugs, surgery or treatments that have been recommended by others, in the public sector, I accept that risk. I assert my right of informed consent.



My activities within the Club are private matter and I refuse to share them with any Federal or State regulatory enforcement agency, medical board, FDA, Medicare or Medicaid. The health and or sickness records that I have shared with other members remain the property of the Healing Sanctuary Institute of Texas. I, in becoming a member, agree not to file malpractice, civil or criminal lawsuits against a fellow member, unless that member exposes me to clear and present danger of substantive evil. I further agree that all Club members are exempt from provisions of any state Medical Practice Act, Federal Food Safety Modernization Acts, Codex Alimentarius or any similar federal or state legislation.

I enter into this agreement of my own free will, or on behalf of a designated dependent, without any pressure or promise of benefit. I affirm that I do not represent any state or federal agency whose purpose is to regulate the practice of medicine or any other health care system. I accept that membership does not entitle me to any voting interest in the Club. I acknowledge I am not liable for any debts, liabilities, suits, or judgments against the Club.

I have read and I understand this contract and any questions I had were answered fully to my satisfaction. This document consists of my entire agreement for membership and it supersedes any previous agreement I may have made.

I understand that my membership fee entitles me to receive those benefits declared by a Trustee to be general benefits, free of further charge. I also agree to pay, as levied, for those benefits that I request and receive that are declared to be special assessments, as per a posted fee schedule.

I agree that the purchase of a massage that covers my initial fee for consideration on my membership. The term of that membership begins with the date of the signing and acceptance of this agreement and continues until the dissolution of this Club. I do certify, attest and warrant that I have carefully read this application for membership and fully understand and agree with all the provisions stated herein.

By signing below, you agree to the above terms and charges.

.....
Signature

/ /
Today's Date

.....

Address: 2603 Oak Lawn Ave, Suite 100- 1st Floor
Contact Information: 972-521-6550

Print Your Name (required)

Your Email



Personal Health History

Notice: These forms must be filled out for review before we can accept you into THSI.

Full Name:		Date:	
		/ /	
Street Address:		Apt #:	
City:	State:	Zip:	
Country:		Phone / Cell:	
Email:			
Drivers License #:			
Date of Birth: (month/day/year)	/ /	Time (if known):	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Blood Type: A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> Unknown <input type="checkbox"/>		
Weight:	Height:	Age:	
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount per day:	No. of Years:	
What is your diagnosis from your doctor? Please explain and list details here. ↓			
Please list any major illnesses or childhood diseases: ↓			
Do you have any contagious disease? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain and list details here:			

Have you had surgery within the year? Yes ☐ No ☐
 If yes, please explain and list details here.

Have you had any accidents, broken bones, or injuries within the past year? Yes ☐ No ☐
 If yes, please explain and list details here.

Have you had any accidents, broken bones, or injuries within the past year? Yes ☐ No ☐
 If yes, please explain and list details here:

How did you learn about THSI?

What is your primary goal for visiting us?

Have you ever had any unusual accidents or falls? Yes ☐ No ☐
 If yes, please list below.

Have you ever has any bone fractures? Yes ☐ No ☐
 If yes, please list below.

Have you ever been knocked unconscious? Yes ☐ No ☐
 If yes, please list details below.

Have you ever had surgical operations? Yes ☐ No ☐
 If yes, please list below.

Are you currently pregnant? Yes ☐ No ☐

Due Date(month/day/year): / / # of pregnancies: ____ # of miscarriages: ____ # of living children: ____

General Health Practices

How much sleep do you have at night?hours
When you wake, you are: tired ☐ well-rested ☐

What is your energy level like?

How often do you exercise or partake in physical activity per week?hours

What do you do for physical exercise?

Do you feel you are enduring stress? Yes ☐
If yes please explain.

Are you easily or currently? ☐ Stressed ☐ Angered ☐ Depressed ☐ Agitated

Do you consider yourself to be optimistic ☐ or pessimistic ☐?

Are your emotions in balance? ☐ Yes No ☐ Explain.

How often do you eliminate your bowels per day? Time of day:Times per week:
Do you feel that is adequate? ☐ Yes ☐ No Explain.

What is the quality of your stool? ☐ Hard ☐ Well-formed ☐ Soft ☐ Watery/Diarrhea

Have you ever had a professional Colonic Irrigation? Yes ☐ No ☐
If yes, then when and where?

How was your experience?

Weight:

Height:

Age:

Do you walk barefoot outside? Yes ☐ No ☐ If yes, then for how long?

How much plain water do you consume daily?

Which types? ☐ Distilled ☐ Spring ☐ Tap ☐ Reverse Osmosis ☐ Well ☐ pH altered

Do you consume too much or too little food? ☐ Yes ☐ No Is it enough? ☐ Yes ☐ No

Are you comfortable or bloated after a meal? Explain

When was your most recent medical service or hospitalization?
For what or when?

Please tick ALL symptoms and discomforts you are currently experiencing.

RESPIRATORY		JOINT /MUSCLE		PSYCHOLOGICAL	
	Allergy		Stiff Neck		Nervousness
	Chronic Cough		Backache		Anxiety
	Coughing Up Phlegm		Swollen		Depression
	Coughing Up Blood		Joints		Stress
CARDIAC/VASCULAR			Carpel Tunnel Syndrome		Anxiety
	Fainting		Tense Muscles		Mood Swings
	Dizziness		Coccyx/Tailbone Pain	SKIN	
	Varicose Veins		Herniated Disc		Skin Lesions/Moles
	Chest Pains		Pain In Joints		Itching
	Rapid Heart Beat		Arthritis		Skin Dryness
	Bruise Easily		Bursitis		Skin Boils/Sores/Acne
	Slow Beating Heart		Rheumatism		Sensitive Skin
	High Blood Pressure		Muscle Tension Soreness		Hives/Skin Allergy
	Low Blood Pressure	NEUROLOGIC			Phlebitis
	Thrombosis/Blood Clots		Headaches	URINARY	
	Pain Over Heart/Chest Pain		Migraines		Painful Urination
	Heart Attack		Numbness In _____		Blood In Urine
	Stroke		Irritable Bowel Syndrome		Pus In Urine
	Swelling Of Ankles		Bloody Stools		
	Poor Circulation		Intestinal Parasites		Diabetes Type 1
GASTROINTESTIONAL			Diverticulitis		Diabetes Type 2
	Nausea		Liver Trouble		
	Poor Appetite		Gall Bladder Trouble	REPRODUCTIVE	
	Indigestion/ Reflux		Gall Bladder Trouble		Peri-Menopause
	Belching Or Gas		Jaundice		Post-Menopause
	Distention Of Abdomen		Ulcers		Painful Menstrual Cycles
	Vomiting	EARS, NOSE, THROAT			Excessive Menstrual Cycles
	Vomiting Blood		Deafness		Menstrual Cramps/Backaches
	Mouth Pain/Sores		Changes In Hearing		Hot Flashes
	Abdominal Pain		Earache		Irregular Menstrual Cycle
	Constipation		Ringing In Ears/Tinnitus		Vaginal Discharge
GENERAL			Ear Drainage		Miscarriage
	Chills		Nose Bleeds		Menopause Mood Swings
	Sweats		Nasal Obstruction		Infertility
	Loss Of Sleep/Insomnia		Nasal Drainage	ENDOCRINE	
	Fatigue		Sinus Infection		Excessive Hunger
	Severe Loss Of Weight		Sore Throat		Excessive Thirst
	Overweight		Swollen Tonsils		Kidney Problems
	Cancer		Enlarged Lymph Glands		Inability To Control Urine
	Infectious Diseases		Enlarged Thyroid		Prostate Problems
	Inflammation		Hoarseness	EYES	
	Tremors		Cold/Flu		Contacts
	Epilepsy/Seizures/ Convulsions				Changes In Vision
	Sensitive To Touch/Pressure				Near-Sightedness
	Nerve Pain				Far-Sightedness
					Crossed
					Cataracts



Medication History

List all Medications (Prescription and Over the Counter) you are currently taking.

Medication Name	Dose/Frequency	Reason for taking	For how long?

List all Nutritional Supplements (Vitamins, Minerals, Herbs, etc.) you are currently taking.

Supplement Name	Dose/Frequency	Reason for leaving	For how long?

What other health practitioners do you see? (Please list names and type of practice)

Practitioners Name	Specialty	Location



Dietary Habits

How often do you use a microwave oven?

_____ per Day _____ per Week

How many meals do you eat out per week? _____

How many servings per Day do you eat of the following?

Vegetables: _____ Sweets: _____ Whole Grains: _____ Fruit: _____

Dairy: _____ Meat: _____

How often do you consume these foods? (Circle the appropriate number)

1=Daily 2=Weekly 3=Occasionally 4=Never

Red Meat	1 2 3 4	Pork	1 2 3 4	Carbonated Beverages	1 2 3 4
Soy/Tofu	1 2 3 4	Turkey	1 2 3 4	Chicken	1 2 3 4
Sweets	1 2 3 4	Rice (whole grain)	1 2 3 4	Organic Foods	1 2 3 4
Caffeine	1 2 3 4	Wheat Flour or Bread	1 2 3 4	Whole Grains	1 2 3 4
Dairy	1 2 3 4	Unprocessed Grains	1 2 3 4	Beans/ Legumes	1 2 3 4
Fish	1 2 3 4	White Flour, Bread, Crackers.	1 2 3 4	Chocolate	1 2 3 4
Goat Products	1 2 3 4	Enriched Pasta or Bread	1 2 3 4	Fruits (fresh)	1 2 3 4
Bitter Foods	1 2 3 4	Vegetables	1 2 3 4	Artificial Sweeteners	1 2 3 4
Herbs (fresh)	1 2 3 4	Liquor/Alcohol	1 2 3 4	Sugars, Honey	1 2 3 4
Herbs	1 2 3 4	Salty Foods	1 2 3 4	Beer	1 2 3 4
Spices	1 2 3 4	Eggs	1 2 3 4	Fast Food	1 2 3 4
Fried Foods	1 2 3 4	Vinegar	1 2 3 4	Wine	1 2 3 4
Pickles	1 2 3 4	Oils	1 2 3 4	Yogurt/ Kefir	1 2 3 4
Sauerkraut	1 2 3 4	Kimchi	1 2 3 4	Kombucha	1 2 3 4
Tempeh	1 2 3 4	Natto	1 2 3 4	Miso	1 2 3 4
Nuts	1 2 3 4	Please list all nut types consumed:			

Special Notes:

Cancellation Policy

We recognize that unexpected matters come up for people that prevent them from keeping their appointments. As the Healing Sanctuary Institute of Texas is a business it is important to remember that a rescheduled or cancelled appointment can be beneficial for another client waiting for a schedule opening. Therefore, our cancellation policy is considerate of your needs and others.

Ondamed Treatments, Cryoskin Treatments and Wellness Sessions

Cancellations: The below cancellation timelines and charges apply.

Time before scheduled appointment	Fee
More than 48 business hours	No charge
Less than 48 business hours	\$80.00
Less than 24 business hours	\$150.00

Rescheduling: The below rescheduling timelines and charges apply

Time before scheduled appointment	Fee
More than 48 business hours	No charge
Less than 48 business hours & rescheduled within 1 week of original appointment	No Charge
Less than 48 business hours & rescheduled more than 1 week from original appointment	\$35.00
Less than 24 business hours	\$80.00

No-show: The below charges apply to all clients that do not show for their scheduled appointment.

Service	Fee
Initial Ondamed Evaluation	\$429.99
Ondamed Re-evaluation	\$319.99
Ondamed Treatment (single or Package)	\$160.00
Cryoskin & Roman Central Detox	\$60.00

Ondamed Packages – (4 Treatments \$540.00)

Ondamed Treatment packages are offered to ensure the best treatment plan for you. As your treatment plan and frequencies are unique to you and your wellness, the following conditions apply:

- Treatments are not transferable to another client.
- The 4 treatments must be scheduled and completed within 30 days of purchasing
- Any rescheduling or cancellations are subject to the above timelines and charges

By signing below, you agree to the above terms and charges.

..... / /
Signature Today's Date

.....
Print Your Name (required) Your Email



THSI Service Offerings and Packages

Hours of Operation: Monday- Friday 10:30am-5:00pm

Book online at www.thehealingsanctuaryinstitute.com

Membership for THSI, LLC \$ 1.00

Options for Ondamed treatments:

Produces a highly focused pulsed electromagnetic field that penetrates deep into a targeted region of the body

Initial Evaluation- Ondamed Scan & Treatment \$ 429.99

This is for first time clients

Ondamed hourly: for 1 hour: \$ 160.00

Recommended 4 treatments \$640.00

Ondamed Package of 4 Treatments: \$ 540.00

Revaluation after Ondamed Treatment 4: \$319.00

Detox Services:

A process or period of time in which one rids the body of toxic or unhealthy substances

Roman Central Detox

Foot Detox, Far Infrared Sauna, and Oxygen Therapy \$180 for 2 hours

Foot Detoxification \$ 1.00/minute

Recommended 60 minutes \$60.00

Far Infrared Sauna Detoxification \$ 1.00/minute

Recommended 60 minutes \$60.00

Oxygen Therapy Detoxification \$ 1.00/minute

Recommended 60 minutes \$60.00

Wellness Treatment:

Water Therapy \$ 150.00/hour

Recommended 1 hour

Neuro- Muscular Re-training \$ 1.00/minute

Wellness IV Therapies:

Fastest way to deliver medications and fluid replacement throughout the body, because the circulation carries them

IV AG+ (Silver)	\$ 160.00
IV Vitamin C only	\$ 250.00
IV Vitamin C	\$ 300.00
+Glutathion 1250mg	\$24.99
+Glutathion 2500mg	\$39.99
+Glutathion 5000mg	\$74.99
IV-pain- MSM	\$ 325.00

Wellness Ozone Therapies:

Form of alternative medicine treatment to increase the amount of oxygen in the body through the introduction of *ozone*

Direct Ozone	\$150.00
Rectal Ozone	\$150.00
Ear Ozone	\$ 25.00