



The Radiant Health Club Terms & Conditions

**The Radiant Health Club and Frank Lucas, PhD, NHC
uses practical, holistic methods and natural remedies to help clients:**

Protect Health and Vitality

Advise Clients on natural medicine and health-issues, traditional, alternative, herbal and natural medicine options.

Address Chronic Health Conditions

Identify herbal and natural remedies for health conditions and appropriate holistic and alternative therapies.

Create a Holistic Healing Program

Incorporate natural medicine, herbal remedies and lifestyle strategies into a natural, holistic health and healing plan.

A Radiant Health Club Natural Health Consultant helps the Client:

1. Uncover patterns that are producing physical decline, sickness and disease.
2. Discover new patterns that produce natural health and healing.
3. Implement practical strategies to help the Client achieve their objective.

After the initial FREE consultation, as in any other professional service that offers expertise and experience, you will be asked to pay for the consultant's time when other services are provided.

NOTE: Supplements and sundries are not included in the fees and are billed separately.

Because much of the success of the service and/or Therapy will depend on the Client's efforts, the Radiant Health Club makes no guarantees or assurances that the program/therapy will be successful.

The Radiant Health Club and Frank A. Lucas makes no representations or warranties about the results that may be obtained through the services and/or therapy.



Terms of Membership

The Client will receive the services and perspective of Frank A. Lucas, PhD, NHC for natural, holistic approaches to natural health and healing.

The Client will be presented with options that include non-traditional approaches and risks, and that ultimately, the Client will be asked to make the final decision if/or which method of treatment is right for them and/or their family.

Because much of the success of the services and/or Therapy will depend on the client's efforts, the Radiant Health Club makes no guarantees or assurances that the program/therapy will be successful.

The Client further understands that Club makes no representations or warranties about the results that may be obtained through the services and/or Therapy.

The Client will have the opportunity to ask questions and, if the Client has questions later, he/she can contact the Radiant Health Club for clarification.

When the Client chooses to accept the Therapies, the Client agrees that he/she understands the risks and responsibilities involved in the Therapy and further, agrees to accept any and all associated risks.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OF THE PROPOSED THERAPY OR ANY QUESTIONS WHATSOEVER CONCERNING THE PROPOSED THERAPY OR OTHER POSSIBLE TREATMENTS, YOU ARE WELCOME CONSULT ANOTHER HEALTH PROFESSIONAL BEFORE COMMENCING THERAPY.

I acknowledge that it is my responsibility to inform the Client's physician of the Client's Therapy

Assumption of Risk and Waiver: I have informed myself of the policies, procedures and methods employed by the Radiant Health Club, and consent to the use thereof for the provision of therapies or services to the Client from Frank Lucas and the Radiant Health Club.

Patient's Name: X _____

Parent's Name: X _____

Patient or Parent signature: X _____

Date: X _____



Fee for Services

The 1st Consulting Session is Always FREE!

The more specific you are about your situation, the easier it is to provide you an informed estimate for helping you accomplish your objectives. We'll know more after your 1st consultation.

After the initial consultation, as in any other service that offers expertise, experience and professionalism, you will be asked to pay for the consultant's time when the service is provided.

Below are examples of what you might expect.

Option 1 - Private Sessions

Explain your current situation, share your objectives, and frustration(s), and discuss natural, holistic options. Guests welcome!

\$45/session

Option 2 - Telephone & Skype

The magic of communications helps make the answers you're seeking as close as your telephone or your computer.

\$35/session

Option 3 - Tactical, Natural Health Plan

Analysis of your objectives, needs and frustration(s)

You will receive: recommendations, instruction(s) with follow-up including:

1. Analysis of contributing factors with: Bio mass (environmental and diet), physical and mental components.
2. 1 - Consultation Session with written tactical health plan, recommendations and instructions.
3. 2 Telephone Coaching Sessions

\$100

Option 4 - Strategic Holistic Healing Plan

A comprehensive analysis of your current situation and needs. You will receive recommendations, instruction, and coaching with follow-up including:

1. 7 day analysis using Lifestyle Mapping™ including your: Bio mass (environmental and diet), physical and mental components
2. 1 - Consultation Session with written strategic healing plan, with recommendations and instructions.
3. 4 Consultation Sessions to review and adjust the plan to help you achieve your objective(s).
4. 8 Telephone Coaching sessions

\$475

NOTE: Supplements and sundries are not included in the fees and are billed separately.



Radiant Health Club at NUPRO (the "Club")
RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT
(the "Agreement")

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED THERAPY OR ANY QUESTIONS WHATSOEVER CONCERNING THE PROPOSED THERAPY OR OTHER POSSIBLE TREATMENTS, CONSULT YOUR PHYSICIAN BEFORE SIGNING THIS RELEASE WAIVER AND HOLD HARMLESS AGREEMENT AND COMMENCING THERAPY.

By signing in the space provided below, you authorize the Club to provide one or more remedies, therapies or services (the "Therapy" or "Therapies") as agreed upon by the Client and the Club, subject to the terms and conditions stated herein as well as the policies and procedures of the Club.

The undersigned Client, or Parent(s)/Legal Guardian(s) of Client (collectively "Client"), agrees to the following terms and conditions:

1. Assumption of Risk and Waiver: I have informed myself of the policies, procedures and methods employed by the Club, and consent to the use thereof in providing therapies or services to the Client.

I hereby acknowledge that I have voluntarily chosen the Therapies for the Client and understand the risks involved in the Therapy. I recognize that the Therapies may involve risk of injury and I agree to accept any and all associated risks, including, but not limited to, minor bodily injury, severe bodily injury, and death. I acknowledge that it is my responsibility to inform the Client's physician of the Client's Therapy.

2. Health History: I understand and agree that Club takes reasonable steps to maintain the safety and well-being of its clients.

I confirm that I have disclosed all medical conditions of the Client that may be affected in any way by the Therapy. I acknowledge that I am responsible for updating this release if the medical condition of the Client changes.

3. Release and Hold Harmless: I agree to release and hold the Club, its respective heirs, directors, members, subsidiaries, affiliates, agents, officers, assigns, volunteers, employees, independent contractors, and affiliated groups, harmless for any illness, injury, death, personal and/or property damage, property theft, or other loss incurred.

I agree to indemnify, defend and hold harmless, to the fullest extent permitted by law, the Club, its managers, members, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from the Therapies received by the Client. "Claim" as used herein means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death.

I further understand that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

4. No Guarantee: I understand that much of the success of the Therapy will depend on my efforts and that there are no guarantees or assurances that the program will be successful. I further understand that Club makes no representations or warranties on the results that may be obtained through the Therapy.

As a result, I agree not to pursue a claim against the Club if I am dissatisfied with the results of the Therapy.

5. Governing Law: This Agreement shall be construed and enforced in accordance with the laws of the State of Colorado. All disputes relating to the interpretation and enforcement of the provisions of this Agreement shall be resolved exclusively by the appropriate courts located in Douglas County, Colorado.

6. Client Certification: I have read and fully understand this consent form and I realize I should not sign this form if all items have not been explained, or any questions I have concerning them have not been answered to my complete satisfaction.

I have been urged to take all the time I need in reading and understanding this form and in talking with my primary physician regarding risks associated with the Therapies.

Dated: _____ Signature: _____

Client signing on his/her own behalf or as Parent(s)/Legal Guardian(s)
if Patient under 18 years old

X _____

Printed Client Name

X _____

Printed Parent(s)/Legal Guardian(s) Name

Address: _____

Phone Number: _____



Authorization and Consent for Treatment and
Acknowledgement of the Use of
an Integrative Approach to Medical Care

This document is a binding contract setting forth the obligations I assume in consideration for the care and treatment to be provided to me. I as the patient or parent/legal caregiver agree to be bound by its terms.

I have specifically sought out the services and perspective of Dr. Frank A. Lucas for his integrative approach to health and healing, drawing on Traditional and Holistic/Integrative Medicine methods.

I have sought out my provider because I know that he is knowledgeable in unconventional methods of treating illnesses and draws upon this experience and expertise to individualize and customize a treatment plan for each client depending on the presentation.

I understand that I will be presented with treatment options that include traditional and non-traditional approaches, and that ultimately, I will make the final decision on which method of treatment is right for me and my family.

I have read this form that serves as an informed consent document and an authorization and have been given the opportunity to ask questions.

If I have questions later, I understand I can contact Dr. Frank A. Lucas. I will be given a signed copy of this document for my records.

BY COMPLETING AND SUBMITTING THIS FORM, I AGREE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION, THE ELEMENTS OF MY INFORMED CONSENT, MY RIGHTS AND RESPONSIBILITIES, AND HEREBY GIVE CONSENT TO UNDERGO TREATMENT WITH DR. FRANK A. LUCAS.

Patient's Name: X _____

Parent's Name: X _____

Patient or Parent signature: X _____

Date: X _____



Information Sheet

Please, don't fudge the results. The purpose is to establish a base-line for the analysis and recommendations for your particular needs.

Questions? Metro Denver: (303) 660 – 0562 | Toll Free 1+ (800) 704 - 8910

<i>Name</i>		<i>Spouse or Significant Other</i>		
<i>address</i>		<i>city</i>	<i>state</i>	<i>zip</i>
<i>telephone</i>	<i>cell</i>	<i>e mail</i>		<i>emergency notification</i>
<i>age:</i>	<i>height:</i>	<i>weight:</i>		

What is your problem?

How can we help?

List your previous health challenges and concerns.

<i>Diagnosis?</i>	<i>Complaint?</i>
<i>Other?</i>	<i>Complaint?</i>

Where have you traveled in the last 5 years?

<i>Where?</i>	<i>Purpose?</i>	<i>Where?</i>	<i>Purpose?</i>

What medications/supplements do you take? Put them in chronological order – 1st to last.

<i>Medications</i>			<i>Supplements</i>		
<i>What?</i>	<i>Why?</i>	<i>How Long?</i>	<i>What?</i>	<i>Why?</i>	<i>How Long?</i>

What is your pH? Take your pH immediately after arising; then record the results. If you need pH strips, [order from NUPRO.net](http://orderfromNUPRO.net) secure them from you consultant or at a local pet or pool supply store.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM pH</i>							
<i>Arise at:</i>							

General Questions

<i>What type of work do you do now?</i>							
<i>What type of work in the past?</i>							
<i>How stressful is your life? (1-10 high)</i>							
<i>What does your complexion look like?</i>							
<i>What color are the whites of your eyes?</i>							
	Y/N		Y/N		Y/N		
<i>What does your tongue look like?</i>		<i>Coated</i>		<i>Cracked</i>		<i>Pink</i>	

Y/N		
	<i>Do you exercise?</i>	<i>type/frequency:</i>
	<i>Do you smoke or use tobacco products?</i>	<i>type/amount</i>
	<i>Have you traveled recently?</i>	<i>where/when</i>
	<i>Have you traveled abroad?</i>	<i>where/when</i>
	<i>Have you been exposed to chemicals?</i>	<i>type/when</i>
	<i>How many times does your bowel eliminate each day?</i>	<i>If not how often per week?</i>
	<i>Does it sink?</i>	<i>Does it float?</i>

What do you eat? Record all of the different things you are consuming. Please, don't fudge the results.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Awoke at:</i>							
<i>Breakfast</i>							
<i>Snacks</i>							
<i>Lunch</i>							
<i>Snacks</i>							
<i>Dinner</i>							
<i>Snacks</i>							
<i>Retired at:</i>							

How is your digestion?

Y/N		Y/N		Y/N		Y/N		Y/N	
	<i>heartburn</i>		<i>Indigestion</i>		<i>Reflux</i>		<i>Bloating</i>		<i>Gas</i>
			<i>Are you sensitive to any foods? Which ones?</i>						

What do you drink? Record all of the different things you are drinking. Please, don't fudge the results.

	<i>How Much Each Day?</i>		<i>How Much Each Day?</i>
<i>water</i>		<i>regular soda</i>	
<i>coffee/tea</i>		<i>diet soda</i>	
<i>juice</i>		<i>alcohol</i>	
<i>other</i>		<i>energy drinks</i>	

How do you feel? Record "How you feel". Please, use regular terms and be specific.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>wake up</i>							
<i>mid-morning</i>							
<i>noon</i>							
<i>Mid-day</i>							
<i>dinner time</i>							
<i>before bed</i>							

What do you do each day? Record your activities. Please, be brief, but thorough.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Morning</i>							
<i>Noon</i>							
<i>Afternoon</i>							
<i>Evening</i>							

Do you have other thoughts you would like to share?

Please review your entries to make sure you have answered all of the questions and that they are a good reflection of your situation before you forward a copy of this Information Sheet to the person who sent it to you. Be sure to retain a copy for your records.

Thanks for the opportunity to be part of your journey to radiant health.

Others, like you, have found the book, *Creating Radiant Health*, helpful. You can secure your copy at www.creatingradianthealth.com.