$100.00

№ 12000

CAUSE AND CONSEQUENCE SURVEY

Client _____ Age _____ M ___ F ___

Address _____ Telephone _____

City _____ State _____ Zip _____

Married _____ Single _____ Children _____ Weight _____ Height _____

Occupation _____ From _____ To _____

Occupation _____ From _____ To _____

Occupation _____ From _____ To _____

RALPH A. RASCHIG
HYGIENE CONSULTANT
P.O. Box 898
Lutz, FL 33549

The purpose of this survey is not to diagnose your condition, but to evaluate what may be causing your problems. The hygienist does not believe in treating symptoms, however our main concern is getting back to the basic cause of the symptoms, remove the cause and the consequences (symptoms) disappear.

Logical? You bet it is. You cannot continue to treat the symptoms without removing the cause. You may just be adding to your problems by treating only the symptoms.

The hygienist does not cure diseases, only your body can do that. No drugs, pills, potions, tonics, vitamins, minerals, or fasting can cure. Again, it is only your body that can cure and heal.

By evaluating your lifestyle of living and eating can we evaluate and suggest a lifestyle for better health and well-being.

INSTRUCTIONS

Place your name and date on the top of each page. Take your time to answer as many questions as you can. Fill in the 5-day alimentary chart. Enter all foods, pills and supplements. Indicate whether food is boiled, broiled, fried, raw, steamed, canned or baked. List all drink and food with approximate quantity consumed. Remember, this is your body and THIS IS YOUR LIFE. Everything you put into your mouth is important.

When the survey is completed, place in postage paid envelope and mail. A reply will be mailed to you as soon as possible.

NAME _____ DATE _____

CASE HISTORY

List Doctors' Names

_____ City _____ State _____
_____ City _____ State _____
_____ City _____ State _____

What drugs, pills, (vitamins and minerals) are you taking? Why?

_____
_____
_____
_____
_____

What operations have you had? When?

_____
_____
_____

X-rays and X-ray treatments? When?

_____

Radium treatments? _____

Chemo-therapy? _____

What other treatments have you taken? Chiropractic, massage, etc.

_____
_____

What does your doctor say you have?

_____
_____

Did you have more than one opinion? _____

How many days have you spent in hospitals the past 5 years?

_____ days, Hospital _____ reason _____
_____ days, Hospital _____ reason _____
_____ days, Hospital _____ reason _____
_____ days, Hospital _____ reason _____

What is your main concern at this time? List seven.

_____ How long standing? _____
_____ How long standing? _____
_____ How long standing? _____
_____ How long standing? _____
_____ How long standing? _____
_____ How long standing? _____
_____ How long standing? _____