



Vitality Consultations

40000 Mattole Road | Petrolia, CA 95558

fax 707.677.9194 | ph 707.502.9198

jason@vitalpath.com

Welcome to Vitality Consultations where you can increase the vitality of your body — and your life! — by receiving a personalized homeopathic compound based on your thoughtful and thorough responses to this questionnaire. To ensure the most accurate formulation for your unique situation, please:

1. Answer all questions in as much detail as you possibly can, fully describing the current state of your health.
2. Send your questionnaire via snail mail, email, or fax using the contact info listed above.
3. Mail payment or call with credit card number to pay for services rendered.
4. Receive your unique Vitality Compound plus brief follow-up consultation.

Fees for Vitality Consultations:

- *Initial consultation (\$250US)*— includes questionnaire analysis, and your resulting unique Vitality Compound (a 4-ounce, 21-day supply) plus a brief phone or email follow-up to be scheduled approximately five days after you begin taking your compound.
- *Re-orders and Vitality Compound adjustments (\$50US)* — please take daily notes on effects of initial remedy, and send along with re-orders as compound might need to be adjusted.
- *Phone consultations (\$50US/15 minutes)* — pre-scheduled phone consultations are available and encouraged in 15-minute intervals.

Vitality Consultations are provided by Jason Fleming — a homeopathic researcher and health entrepreneur who is committed to bringing the safe, simple, and potent healing modality of homeopathy to people throughout the United States and beyond. In the 15-year course of his studies, Jason has apprenticed with a master herbalist and a shaman, and trained with acupuncturists, homeopaths, and doctors of oriental medicine. He has harvested and tinctured more than 100 unique North American herbs for his personal pharmacy, which currently includes more than 2,900 homeopathic remedies. He has also created hundreds of compound homeopathic formulas designed to address a range of com-

mon physical and emotional conditions. These formulas result from his remarkable ability to identify healing patterns that are created when remedies, symptoms, and responses are grouped in proprietary matrices of Jason's own design. To date, all of his compound homeopathic formulas have been recognized by both the FDA and the Homeopathic Pharmacopoeia of the United States (HPUS). While Jason has started and run many successful health-oriented companies, his passion is working one-to-one with people, helping them boost the vitality of their bodies through the use of personalized homeopathic compounds.

Vitality Consultations

Please read through this entire questionnaire before you begin. While some questions might seem repetitive, they are very important and are coming at things from slightly different angles. Your thoughtful and thorough responses will help Jason formulate the most effective Vitality Compound for your unique situation which — in turn — will help your body work to improve and sustain vitality for optimum health.

Full Name: _____

Address: _____

City//State/Zip: _____

Email: _____

Telephone: () _____

Age and Date of Birth: _____

Gender: _____

Marital Status/Number of Children (if any): _____

Height and Weight: _____

Physical description, including natural color of hair and eyes: _____

If working, what sort of job do you do? _____

What are your hobbies? What do you enjoy doing? _____

Vitality Consultations

Reason for consultation

Imagine you are with me in my consultation room. Then tell me what brought you here today? What symptoms bother you the most? Be as specific as you can: _____

How do you feel about your symptoms? How do you hope homeopathy can help? (Feel free to write away, use extra paper if you need.) _____

Why have you chosen now to have this consultation? Why have you chosen homeopathy? (This is important.

Your reason for acting now will help me develop your individualized Vitality Compound.) _____

Vitality Consultations

General Symptoms. This is how you are generally effected by outside influences, how you work as a whole.

Jason is interested in what makes you tick, and how you “tick” in general, what makes you better or worse.

Which weather do you feel less well in? _____

Does fog effect you? If so, how? _____

Is there a time of day or night when you feel better or worse? _____

How do you like hot/cold/wet/dry weather? _____

How do you feel when exposed to the sun? _____

Do changes of weather effect you at all? _____

What are your general reactions to wind? _____

How are you for warmth in general, warm bed, warm room, central heat, etc? _____

Vitality Consultations

Do draughts and changes of temperature bother you? _____

Can you tolerate extremes in temperature? If so, how well? _____

How much extra layers of clothing do you wear in winter? _____

Have you noticed that you like being in a particular position more than others, i.e. standing? If so, please describe:

Do you tend to catch colds easily in winter and other seasons? _____

Can you stand or kneel for long periods? _____

Is there a climate that you hate? Also, where is your ideal vacation location? _____

Do you like your bedroom window opened or closed at night? _____

Do you play sports? _____

Any problems riding in cars or sailing? _____

Vitality Consultations

How do you feel before/during/after meals? _____

What's your appetite like? _____

How do you feel if you go without a meal? _____

What do you drink and in what quantities (please describe all): _____

Are there foods that make you ill? What foods and why? _____

How are you with beer/wine/coffee/tea/milk/vinegar? _____

Do you smoke? If so, how many cigarettes a day? How do you feel after smoking? _____

Are you sensitive to any drugs? Do any drugs make you ill? If so, please list drugs and how they effect you: _____

Vitality Consultations

Have you had any vaccinations? If so, have you had any reactions from them? _____

Do you like cold or warm baths? Sea bathing? Swimming pools? Hot tubs? _____

Any changes in the way you feel at the seaside? On high mountains? _____

Do collars, belts, or tight clothing effect you? If so, how? _____

How long do your wounds take to heal? How long do they bleed for? _____

Do any circumstances make you feel like fainting? If so, describe: _____

Mental and Emotional Symptoms

Your state of mind *when you are feeling unwell* is extremely important in helping identify the right remedies for your Vitality Compound. Please give careful consideration to each answer you give below.

What is your greatest sadness in your life right now? _____

Vitality Consultations

What grief do you most remember from your past? _____

What are your greatest joys right now? _____

What joys do you most remember from your past? _____

Do you ever feel jealous? If so, under what circumstances? _____

Do you weep? If so, under what circumstances? At music? At reproaches? At what time of day? Any particular incident you can describe? _____

How do you cope with your worries? How do you react? What would cause you to worry? _____

What effect does consolation have on you? Do you like it or not? Are you indifferent to it? _____

Vitality Consultations

Have you ever felt despair? If so, when and under what circumstances? _____

Does having to wait for anything or anyone, or having to stand in line bother you? _____

Would you ever feel frightened or anxious at anything or in any situation? Please describe: _____

Do you mind being in a room full of people? _____

Do you ever get angry? If so, what do you do if you get angry? What types of things stir up your anger? _____

Does your face pale or get red when you get angry? _____

How do you feel after getting angry? _____

Vitality Consultations

Would you say you eat or walk or talk or write rapidly or slowly? Please address each one: _____

How are you effected following disappointment, grief, love, vexation, mortification, indignation, bad news, fright?

Would you say you are over-conscientious or over-careful about anything or even small things? (Some of us do not care about details, while some of us care a lot.) _____

How is your memory? What might you forget? Details, please: _____

How is your comprehension? How do you process written and spoken communication? _____

How is your will? Is it strong, weak, etc: _____

Vitality Consultations

How is your concentration? Does your mind wander? Please describe: _____

Any tendency to make mistakes (in writing, speaking, or elsewhere)? _____

Do you ever feel sad, pessimistic, depressed? If so, is there a particular time in a 24-hour period where these emotions might surface more? Please describe: _____

How do you feel about death? _____

Food and Sleep

Jason needs to know as much as possible about your sleeping and eating habits. The foods you crave or particularly enjoy can often provide insight into nutrients that you lack or find difficult to absorb.

What foods do you crave deeply or really dislike? _____

Vitality Consultations

What kinds of foods would make you ill? What foods are you unable to eat? _____

How are you with pastries and sweets? _____

How about spicy or sour foods? _____

How about rich or greasy foods? _____

How is your thirst? How much of what beverages do you drink daily? What do you like to drink? _____

Do you add extra salt to your food? If so, how much? _____

Is there anything you do not drink, such as coffee or tea? If so what do you avoid and why? _____

Vitality Consultations

What position do you like to sleep in? How long have you slept in that position (i.e. since an ailment or for as long as you can remember or...)

Where do you put your arms, and how do you like to have your head? What kind of pillow and bed do you like best?

What time do you wake up? How do you feel upon waking?

Are you sleepy at any particular time of day or evening?

Does anything make you restless or sleepy? Please describe:

Do you generally remember your dreams?

Do you have any recurrent dreams? If so, how do they effect you?

Vitality Consultations

Have you been observed walking, talking, singing, crying out, weeping, or any other during sleep? Are you restless, afraid? Do you grind your teeth? Do you sleep with your mouth open? Your eyes open? _____

Bodily Discharges and Functions

Do you have any skin problems such as eczema, warts, tumors, psoriasis, or unexplained eruptions? Please describe in detail: _____

Are they dry, moist, oozing? What is the nature of the discharge? What color is it? Is there an odor to it? _____

Where on your body did they start? In what part of your body are they now? _____

When did they start? After a vaccination or any other medication? After a grief, anger, mortification, or any other emotion? _____

Vitality Consultations

Do they come and go? If so, what times of year? Are they effected by seasons? _____

Do you use any creams or lotions on your skin or eruptions? If so, which ones: _____

Do you have any problems of your senses, hearing, vision, smell, or taste? Please describe: _____

Do you have any problems in your mouth or dental problems? Please describe: _____

Has a diagnosis been made for any condition you have? If so, by whom and what is it? Please list and describe any advice you received regarding this condition: _____

Vitality Consultations

Are you currently taking any homeopathic remedies, conventional medications, herbs, vitamins, or mineral supplements? _____

Do you follow a special diet? Please describe: _____

Do you exercise regularly? If so, what do you do? _____

Do you ever experience pain or discomfort during exercise? Does it burn, ache, go numb, throb, or is it another sensation? Please describe: _____

If you do have pain, what helps it feel better and what aggravates it (i.e. heat, cold, position, etc): _____

Vitality Consultations

Do you take painkillers? If so, what do you take? _____

What does your tongue look like? (Changes may occur to your tongue once you begin taking your Vitality Compound, so please check it now and regularly thereafter so you will be aware of changes.) _____

Please complete this sentence: "It feels as if..." about each of your pains or discomforts. (This can be an emotion of something happening or a physical sensation of something happening. Whatever comes up for you is the 'right' answer.) _____

Vitality Consultations

For Women Only

The following questions may appear overly inquisitive. Yet, your candid answers will help Jason understand your particular situation more clearly.

What age were you when your menstrual cycle began? _____

How many days between the start of your periods? _____

Please describe their duration, abundance, color, odor, and any changes in these as your period progresses: _____

Are there any other significant details about your cycle that may be relevant? Please describe: _____

At what time in a 24-hour cycle does your menstrual blood flow? _____

How do you feel and behave emotionally before, during, and after your period? _____

Vitality Consultations