



Gary E. Foresman, MD

Welcome to Middle Path Medicine! We would like to introduce you to Gary E. Foresman, MD, Founder and Director of Middle Path Medicine. Our staff is dedicated to assisting you on your journey to health and healing. In this welcome packet, you will find brochures and handouts regarding the Wellness Evaluation, BioImpedance Analysis, the Foundations of Health, the Basic Nutritional Protocol, and information about the services available to you from the team here at Middle Path Medicine.

Here is just a sampling of the information and health assistance Middle Path Medicine offers:

- **Gary E. Foresman, MD** – Board Certified Internal Medicine Specialist, Integrative Medicine, and Integrative Oncology Fellow
- **Bobby Maybee, DC** – Chiropractic care, including pain reduction using K-Laser Therapy. Dr. Maybee offers **FREE** initial evaluations by appointment.
- **Kathi Fennelly, NP** – Women’s Health specialist, treating PMS, menopause, hormone management; also available for annual exams and paps
- **Intravenous Nutrition Therapy** – Administered under the direction of Dr. Foresman by our Registered Nursing staff. IV Therapy can be used to support your immune system, as an adjunct to chemotherapy, for surgery and travel preparation, and to address many other specific needs.
- **Supplement Shop** – Offering the finest herbal and vitamin nutritional support available anywhere. Each supplement is hand selected by Dr. Foresman. Our Supplement Shop offers a **15% discount** for our 55 and over shoppers, and everyone can take advantage of **10% off** most items every Saturday! Many of our favorite supplements are available for **Buy One, Get One FREE!**
- **www.MiddlePathMedicine.com** – Your primary source of information regarding any health concern. While visiting, sign up for our **E-Mail Newsletters** for the latest articles from Dr. Foresman and our entire staff, as well as our frequent **Free Health Seminar** details and sale announcements.

What to Expect

When you become a patient, you will go through our Wellness Evaluation – this is a time to establish your chart, obtain information regarding *you*, and run some simple and effective tests that help us measure how *well* you are. The Wellness Evaluation takes between 30 and 45 minutes and includes a tour of our office so you can actually see what we have to offer.

Your initial appointment with Dr. Foresman will be about an hour long. This will give you time to discuss your health concerns in detail. In order to make the most of your visit, please follow these suggestions:

1. Write down questions you have and bring a pen and paper for notes.
2. Bring any supplements, vitamins, and medicines you are taking so he can review them.
3. He will provide a copy of your specific recommendations for your reference.
4. The Middle Path Medicine Supplement Shop is here to serve you should the doctor prescribe any supplements. We are happy to help you in our shop immediately following your visits. Getting the exact prescription given to you by Dr. Foresman is the only way to ensure our ability to help you on your journey to health and healing. Most importantly, the staff at MPM can translate his utterly illegible handwriting!

Follow up visits are usually 30 minutes long, but you can schedule longer appointments when necessary. You are welcome to call MPM if you have any questions!

Our staff is here to make your visit a comfortable and positive experience. Every effort is made to confirm and keep your appointment time. Please take the time to review our cancellation policy. We request that you check in at our front desk 15 minutes prior to your scheduled appointment. This allows time for the Medical Assistant to check you in, take your vitals, and update any information in your chart.

Once again, welcome to Middle Path Medicine!

We look forward to supporting you on your journey to health and healing!

Gary E. Foresman, MD

Bobby Maybe, DC Kathi Fennelly, NP

Miranda Foresman Veronica Stevenson

Gary M. Foresman Richard Ragadio

INTAKE FORM

TODAY'S DATE _____

PATIENT INFORMATION

Patient Name: _____ Social Security #: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____ Fax: _____

Date of Birth: _____ Sex: M F Age: _____ Single Married Widowed Divorced Separated

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Employee Address: _____ Employee Phone: _____

*(required) E-mail Address: _____

Would you like to receive our e-mail newsletter? Y N

EMERGENCY INFORMATION

In Case of Emergency, Who Should We Contact?

Name: _____ Phone #: _____ Work #: _____

Relationship to Patient: _____ Cell Phone or Pager #: _____

INSURANCE INFORMATION

Although Middle Path Medicine does not bill your insurance company out of our office, we do need to keep current insurance information on hand in case of a referral or prior-authorization.

Insurance Carrier: _____ ID#: _____

Group (if applicable): _____ Name on Card: _____ DOB: _____

HOW DID YOU HEAR ABOUT US?

An existing patient, please give us their name so that we may thank them: _____

Newspaper Online

Radio Word of mouth

Other, please specify: _____

MEDICAL HISTORY (1)

(PAGE 1 OF 4) PLEASE COMPLETE ALL 4 PAGES.

Today's Date: _____

Name: _____ Age: _____ Date of Birth: _____ Sex: M/F

Marital Status (circle one): single married life partner divorced widowed

Do you have children? If yes, please list names and ages: _____

*If you need additional space for any of the following questions, **please** attach an extra page.*

PRESENT HEALTH CONCERNS:

What are your most important health concerns listed in order of importance?

Describe in detail the history of these symptoms and the effect they have on your life.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

MEDICINES:

Please list all of the **prescription** and **over-the-counter medications** you are currently taking *including dosage and frequency*:

SUPPLEMENTS:

Please list all of the **nutritional** and **herbal supplements** you are taking including *brand name, dosage and frequency*:

ALLERGIES:

Please list all known **allergies** (drug, food, chemical and environmental):

MEDICAL HISTORY:

Please list all hospitalizations and treatments you have used for various ailments, both conventional and alternative. Indicate the effectiveness of each treatment.

SURGICAL HISTORY:

Please list any **surgeries** and dates:

ACCIDENTS:

Please describe all serious **accidents**, severe injuries, head injuries and broken bones and dates:

MEDICAL HISTORY (2)

(PAGE 2 OF 4) PLEASE COMPLETE ALL 4 PAGES.

On the picture, mark and "X" on the picture where you continue to have pain, numbness and/or tingling. Please rate the severity of pain on a scale of 1-10 (1=least pain):

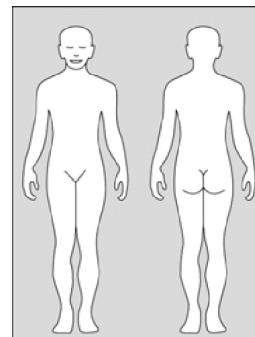
Type of pain: Sharp Dull Throbbing Numbness Aching

Shooting Burning Tingling Cramps Stiffness Swelling Other

How often do you have this pain? _____

Is it constant or does it come and go? _____

Activities that are painful: Sitting Standing Walking Bending Lying down



Have you ever had the following (circle "Y" for yes and "N" for no)?

Alcoholism	Y N	Anemia	Y N	Anorexia/Bulimia	Y N
Arthritis	Y N	Asthma	Y N	Back Trouble	Y N
Bleeding/Bruising	Y N	Blood Transfusion	Y N	Breast Lump	Y N
Bronchitis (chronic)	Y N	Cancer	Y N	Cataracts	Y N
Diabetes	Y N	Drug Dependency	Y N	Emphysema	Y N
Epilepsy	Y N	Glaucoma	Y N	Gout	Y N
Heart Disease	Y N	Hemorrhoids	Y N	Hernia	Y N
High Blood Pressure	Y N	High Cholesterol	Y N	Hives/Eczema	Y N
Kidney Disease	Y N	Liver Disease	Y N	Low Blood Pressure	Y N
Migraines	Y N	Mitral Valve Prolapse	Y N	Multiple Sclerosis	Y N
Pacemaker	Y N	Prostate Problems	Y N	Psychiatric Care	Y N
Stroke	Y N	Thyroid Disease	Y N	Ulcers	Y N
Varicose Veins	Y N	Other _____			

Have you ever had any of the following infections (please circle any infection you have ever had)?

AIDS/HIV	Bladder Infections	Bronchitis	Chicken Pox	Diphtheria
Hepatitis	Herpes	Measles	Mono	Mumps
Pneumonia	Polio	Rheumatic Fever	Rubella	Scarlet Fever
Sexually Transmitted	Shingles	Sinusitis	Tonsillitis	Tuberculosis
Typhoid Fever	Vaginal Infections	Whooping Cough		

FOR WOMEN

Age at 1st period: _____

Period frequency (i.e. 28 days) _____

Days of flow? _____

Any problems with PMS? _____

Any irregularities with periods? _____

Last menstrual period? _____

Extreme menstrual pain? _____

Are you satisfied with sex life? _____

Any history of infertility? _____

Last Pap: _____

Ever have an abnormal Pap? Yes No

If "yes" describe: _____

Do you do self breast exam? Yes No

Last mammogram? _____

History of breast lump? Yes No

If "yes", describe: _____

Any hot flashes or night sweats? Yes No

List each pregnancy including abortions, miscarriages and births (including birth date). If complications with pregnancy or delivery (including C-section), please describe: _____

MEDICAL HISTORY (3)

(PAGE 3 OF 4) PLEASE COMPLETE ALL 4 PAGES.

FOR MEN

Last prostate exam? _____ Last PSA? _____

How many times do you get up at night to urinate? _____

Are you satisfied with your erections? Y N Are you satisfied with your sex life? Y N

MEDICAL SERVICES

Please indicate the date you last received the following or put N/A for services that do not apply to you:

Tetanus shot _____ Flu shot _____ Pneumonia shot _____

Blood tests _____ EKG _____ Chest X-Ray _____

Colonoscopy _____ Eye Exam _____ Dental Exam _____

Bone Density _____ Coronary calcium score _____

LIFESTYLE

List other physicians/healers you are seeing (name/phone): _____

DIET

Do you have any dietary restrictions? _____

Do you have any cravings for any particular type of food (be specific)? _____

Are you satisfied with your diet? Yes No

If "no" to the above, why? _____

How much water do you drink daily? _____ Other liquids? _____

What did you eat and drink yesterday or a typical day (please be specific)?

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Snack: _____

Smoking (type and amount per day) _____

If you are a former smoker, what was your quit date? _____

Do you drink alcohol? (type and amount per week) _____

If you used to drink alcohol, when did you quit? _____

Do you drink caffeine? (type and amount per week) _____

Do you use recreational drugs? (type and amount per week) _____

Usual weight? _____ Are you happy with your weight? _____

How much sleep do you get? _____ Do you feel rested enough? _____

EXERCISE:

Please describe the exercise you do each week (include minutes per session and days per week):

Do you enjoy exercise? Yes No

MEDICAL HISTORY (4)

(PAGE 4 OF 4) PLEASE COMPLETE ALL 4 PAGES.

STRESS LEVEL AND STRESS REDUCTION

Describe your stress level (circle one): none mild moderate severe

Describe any stress reduction you practice including minutes per session and frequency: _____

Do you enjoy your work/what you do during the day? _____

Do you enjoy the people/pets in your life? _____

Do you live near an agricultural/industrial area? _____

Do you use paint, chemicals or solvents at home, for hobbies, or during work? _____

Have you moved to a new home recently? _____

Have you done any remodeling recently? _____

Do you have any mold in your home or work area? _____

Do you suffer from allergies? _____

How many times have you used antibiotics in the past two years? _____

List dental history (procedures): _____

List any cosmetic surgery or procedures: _____

List travel history and vaccinations: _____

FAMILY HISTORY

(please include any family member who has had the following illnesses):

		Relationship			Relationship
Allergies/Asthma	N Y	_____	Anemia	N Y	_____
Arthritis	N Y	_____	Bleeding	N Y	_____
Cancer	N Y	_____	Depression	N Y	_____
Diabetes	N Y	_____	Drugs/Alcohol	N Y	_____
Gout	N Y	_____	Heart Disease	N Y	_____
High Blood Press.	N Y	_____	High Cholesterol	N Y	_____
Kidney Disease	N Y	_____	Mental Illness	N Y	_____
Migraines	N Y	_____	Obesity	N Y	_____
Stroke	N Y	_____	Thyroid Disease	N Y	_____
Other:		_____			_____

If living, current health (good, fair, poor)

	Present Age	Age at Death	If Deceased, Cause of Death
Paternal Grandmother	_____	_____	_____
Paternal Grandfather	_____	_____	_____
Maternal Grandmother	_____	_____	_____
Maternal Grandfather	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____

HIPPA NOTICE OF PRIVACY PRACTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for purposes required by law. It also describes your rights to access and control your protected health information. "Protected health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you; OR your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has necessary information to diagnose or treat you.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a medical procedure may require that your relevant protected health information be disclosed to the health plan to establish medical necessity.

Healthcare Operations

We may use or disclose, as needed, your protected health information in order to conduct normal operations of the physician's practice. These activities include, but are not limited to:

- Quality control
- Licensing
- Employee reviews
- Training of medical students

For example, we may disclose your protected health information to medical students that see patients in our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you for test results or to remind you of your appointment

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues, Communicable Disease: Health Oversight Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under Law, we must make a disclosure to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500.

Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in relation to the use or disclosure indicated in the authorization.

HIPAA NOTICE OF PRIVACY PRACTICES (CONTINUED)

YOUR RIGHTS

Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

You have the right to request a restriction of your protected health information.

This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions, and whom they apply.

Your physician is not required to agree to a restriction that you may request. If physician believes your restriction is unreasonable and it in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If you wish, you then have the right to use another Healthcare Professional.

You have the right to request and receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically or by fax.

You may have the right to have your physician amend your protected health information.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

COMPLAINTS

You may complain to the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 if you believe your privacy rights have been violated by us; OR you may file a complaint with us by notifying our HIPAA Privacy Officer Mandy Bozarth (805) 481-3442.

We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on April 14, 2003.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our privacy contact at our main phone number. Your signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name

Signature

Date

MPM004 02/11/2008

180 W. Le Point St., Suite A • Arroyo Grande, CA 93420 • Ph: 805-481-3442 • Fax: 805-481-3443
website: www.middlepathmedicine.com • email: info@middlepathmedicine.com

OFFICE PAYMENT POLICY

We are very glad you chose us to assist you in achieving better health and vibrancy. Your health is our primary concern, and we will strive to provide you consistently excellent healthcare. In order to make the handling of your financial obligations as smooth as possible, please read and sign the following office policy. If you have questions, our staff will be glad to assist you.

CASH PRACTICE: NON-MEDICARE PATIENTS

Middle Path Medicine (MPM) does not bill to any insurance companies, when you come in for your visit you will be responsible for paying at the time of service either by cash, check or credit card. We will provide you a copy of your superbill, which you can submit to your insurance company. Your insurance company will then be responsible for reimbursing you directly for your visit with MPM. You will be seeing providers at MPM as an out-of-network provider and you should contact your insurance company to see how your insurance will reimburse you and if there is any additional paperwork they require from you.

CASH PRACTICE: MEDICARE PATIENTS

Gary E. Foresman MD is excluded from Medicare, and all Medicare Part B patients must agree to sign the attached contract which is available to both the patient and CMS upon request. By signing below you have indicated your understanding of this contract and its implications.

PHONE APPOINTMENTS

If you schedule a phone appointment with Dr. Foresman, it will be at the same rate for the designated time of the appointment as if you were to come in. When scheduling the appointment you will be asked for a credit card to hold the appointment. This credit card will be charged for the price of the appointment before you speak with Dr. Foresman. If we are unable to reach you at the time of the appointment at the designated phone number given to us, your credit card will be charged a missed appointment fee of 50% the amount of the appointment scheduled.

CANCELLATION POLICY

We value your time, and appreciate you showing value for ours as well. We realize that sometimes emergencies arise, and canceling an appointment might be necessary. We do, however, require a 24-hour notice for cancellations. If you miss an appointment, or cancel with less than the 24-hour notice required, you will be invoiced for half (50%) of the amount of the scheduled visit. Each second and subsequent missed visits will be charged full (100%) of the amount of the scheduled visit. When invoiced for these charges you will have **30 days** to pay or the balance will be sent to the Credit Bureau of San Luis Obispo County.

I have read and understand my responsibility to pay for my care for services in this office.

Printed Patient Name

Date

Patient Signature

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

As deemed under the HIPAA (Health Insurance Portability and
Accountability Act of 1996) compliance Privacy Standard code
164.508(b)(6).

I, _____, the undersigned do hereby authorize:

(Physician, Hospital, Clinic)

(Address)

(Phone number)

(City, State, Zip Code)

(Fax number)

To release information to:

Middle Path Medicine
180 West Le Point St. Suite A
Arroyo Grande, CA 93420
(805) 481-3442
FAX Number: 805-481-3443

Any information which said person/company may request concerning my present illness/injury
while I was treated by the person/persons named above.

Date

Patient's Signature

MEDICARE PATIENTS: PRIVATE CONTRACT AGREEING TO NOT BILL

• This agreement is between Dr. Gary E. Foresman ("Physician"), whose principal place of business is Middle Path Medicine, and patient _____ ("Patient"), who resides at:

_____ and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Patient that Physician has opted out of the Medicare program effective on January 1, 2011 for a period of at least two years, and is not excluded from participating in Medicare Part B under Sections 1128, 1156, or 1892 or any other section of the Social Security Act.

• Physician agrees to provide the following medical services to Patient (the "Services"):
Complex New Patient Office Visit; Comprehensive New Patient Office Visit; Intermediate Est. Patient Office Visit; Complex Est. Patient Office Visit; Comprehensive Est. Patient Office Visit; EKG; Trigger Point Injection; Glucose Check; Lipid; Urinalysis; Ear Lavage; B-12 Injections; Lab Handling Fee; Administration Fee; Intravenous Therapies and Infusions

• In exchange for the Services, the Patient agrees to make payments to Physician pursuant to the Office Fee Schedule. Patient also agrees, understands and expressly acknowledges the following:

- Patient agrees not to submit a claim (or to request that Physician submit a claim) to the Medicare program with respect to the Services, even if covered by Medicare Part B.
- Patient is not currently in an emergency or urgent health care situation.
- Patient acknowledges that neither Medicare's fee limitations nor any other Medicare reimbursement regulations apply to charges for the Services.
- Patient acknowledges that Medi-Gap plans will not provide payment or reimbursement for the Services because payment is not made under the Medicare program, and other supplemental insurance plans may likewise deny reimbursement.
- Patient acknowledges that he has a right, as a Medicare beneficiary, to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare, and that the patient is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.
- Patient agrees to be responsible, whether through insurance or otherwise, to make payment in full for the Services, and acknowledges that Physician will not submit a Medicare claim for the Services and that no Medicare reimbursement will be provided.
- Patient understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there were no private contract and a proper Medicare claim were submitted.
- Patient agrees to reimburse Physician for any costs and reasonable attorneys' fees that result from violation of this Agreement by Patient or his beneficiaries.
- Patient acknowledges that a copy of this contract has been made available to him/her.

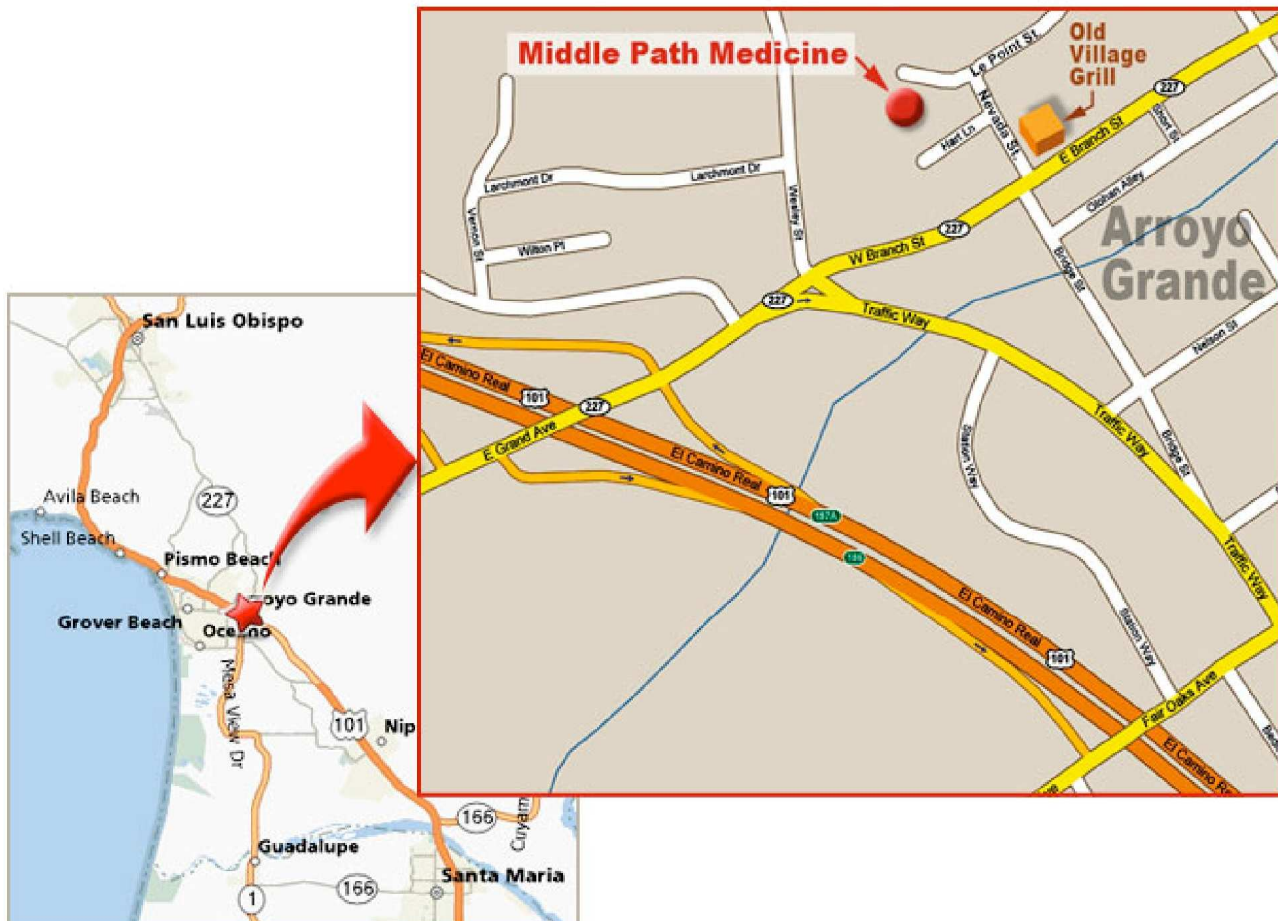
Executed on _____ by

Name: _____ Signature _____

and Gary E. Foresman, MD _____

MPM MIDDLE PATH MEDICINE

MAP TO MIDDLE PATH MEDICINE



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MPM FORM 006, 09/22/2011

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Foundations of Health

Gary E. Foresman, MD

In a world of misinformation, I would like for you to look at Middle Path Medicine (MPM) as **the** source for unbiased information regarding healthcare. What separates us from the more famous newsletters and other integrative websites is that we are a team of integrative healthcare practitioners who research and actually treat our patients with the protocols that you find at Middle Path Medicine.

The following guidelines are intended to help you become your own best healer. As with all recommendations, it is your direct personal experiential knowingness of whatever healthcare practice you undertake that will guide you always in the direction of healing.

When it comes to guides on the healing path, MPM provides the only truly Integrative Wellness Center on the Central Coast of California. We actually practice integrative medicine because it is the best medicine, and it is our life vision, not because it is a popular fad.

Gary E. Foresman, M.D., Board Certified Internal Medicine Physician, Founder and Director of Middle Path Medicine balances the best of Western and natural medicine. He is a Fellow in both the American Academy of Anti-Aging Medicine and Integrative Oncology. Our Chiropractor, **Bobby Maybee, D.C.**, brings care and empathy to his patients, and his skilled use of **Class IV K-Laser** adds a unique form of healing to our physical medicine practice. We are on the forefront of treatment with **Intravenous Nutrition Therapy**, providing a powerful form of therapy for healing, recovery, and rejuvenation. **Kathi Fennelly, NP**, adds her years of experience in **Women's Health** to our team, offering Bio Identical Hormone consultations as well as annual physical exams. Our **Supplement Shop** has a **"natural health pharmacy"** which allows anyone to purchase the best of supplements, usually at the best prices anywhere.

Depending on the complexity of your visit, we may or may not have time to discuss the basics of healing - that is why they are covered in detail in this document. Whatever symptom, whatever dis-ease, or whatever disease you may have, symptoms are our guide to aid us in making the best decisions for our health. Whenever you have a symptom, especially one that has become chronic, ask yourself "why"? Not with guilt, blame, or shame – but with that uniquely human spirit of inquiry. Treating symptoms without treating the cause truly represents "shooting the messenger." Symptom relief, although vital, often allows us to avoid inquiry and thus, knowingness.

Whatever the imbalance, the underlying problem usually lies within our diet, our exercise habits, and the all-encompassing world of stress. Happiness and health, one cultivates actively within one's own words and deeds, and is not a "happenstance" occurrence as our language would imply. **To maintain health takes a minimum of three hours per day of proactively healthy behaviors** and to regenerate health can take much more. Whatever recommendations that follow, practice them. Then you will feel the effects or the side-effects based upon your experiential knowingness, and therefore *know* whether the intervention is right for you. Don't read about exercise, just exercise. Don't read about supplements, take them and

experience them. Learning to trust your body, mind, and spirit once again is the most powerful form of healing I know.

Stress Reduction: This all-encompassing subject includes the quality of our relationships, our vocations and avocations, our spiritual outlook, our cultural conditioning and generally anything which affects our “point of view”. “Stress” affects every health condition. The practice of stress-reduction, particularly meditation, is the **single most important health practice anyone can do**. Whatever practice one does that reproducibly brings your mind to silence allows you to directly experience the “Self.” Stress-reduction is the natural consequence of Self Realization practices, truly a side-effect. This is why Self Realization/Stress Reduction is most important when we are not stressed at all. I recommend practicing 30 minutes of meditation twice per day as your most important health practice.

The two obstacles to American behavior are time and money. Meditation is free. Well, I am glad I handled that one! However, it is the value we place on “doing-ness”/masculinity which devalues “being-ness”/femininity in our society. One must put money into the bank to spend it. One must “be” to do. Providing the inner stroke of silence to balance the outer stroke of activity allows regeneration and healing to occur. We don’t have the time to not meditate. In our culture we are taught to distract ourselves from stress through entertainment, drugs and alcohol, shopping, work - anything to step away from discomfort which may help us feel better for a while, but always prolong the underlying problem. Stepping into and not away from life, heals.

The practice is so easy, which is what makes it appear so difficult. One sits and practices whichever technique that reproducibly brings them to a sense of timelessness (see books below for options). The flow between whatever technique you choose and distractions - sounds in the environment, thoughts in the head, feelings in the body, is the practice of meditation. Sounds always occur because we live in this world, thoughts have to occur because you have a mind, and your body will provide a unique array of sensations because you have a body. **Effortless** – the only effort it takes for meditation is to allow the time. Once one begins their practice, no effort is put into the system. **Nonjudgmental** – any expectation for any occurrence or lack of occurrence is why we judge and therefore frustrate ourselves. Trust in the process, as every culture since the beginning of time has known that **this practice is the only path to health, happiness and freedom**.

For Primordial Sound Meditation visit www.soulcouncil.com

For Transcendental Meditation visit www.vediclife.biz

My most commonly recommended books about this subject include:

- *TRANSCEND*, Kurzweil and Grossman
- *True Meditation*, Adyashanti
- *The Unmanifest Self*, Ligia Dantes
- *The Relaxation and Stress Reduction Workbook*, Martha Davis, PhD et al.
- *Wherever You Go There You Are*, Jon Kabat Zinn, PhD
- *The Seven Spiritual Laws of Success*, Deepak Chopra, MD
- *How to Know God*, Deepak Chopra, MD
- *Anatomy of Spirit*, Carolyn Myss, PhD
- *The Power of Now*, Eckhart Tolle, PhD
- *Marriage of Sense and Soul*, Ken Wilber, PhD

Most importantly, the practice of stress-reduction is not an intellectual experience, nor a religious experience. Praying is a wonderful healing practice, however it incorporates mental activity and thus is not a form of stress reduction, any more than eating right is a form of stress reduction. The Greek way of describing these practices is *trans-rational*, which means beyond rational thought. This is why one can't "think" their way to stress reduction. One of the great misunderstandings of our time comes from the attachment to the concept of "I think, therefore I am." Truly thinking is just something we do, and unfortunately it has become its own belief system. Learning to find the self beyond the myriad of thoughts enlivens, enriches and heals. To help others experience their "**spiritupsychophysicalness**" (Ms. Dantes) is what I mean when I discuss "healing" and "wholeness".

Exercise: **Average seven hours per week** of exercise. In my practice one of the leading reasons for healthy aging is the incorporation of a regular exercise practice. The health benefits are myriad and the research unequivocal. We need more exercise. There are three types of fitness, each with equal yet unique and inter-related benefits.

- **Stretching Fitness:** the regular practice of yoga, tai chi, qi-gong or good old American stretching every day improves flexibility both mentally and physically, prevents cramping, improves balance, and allows one to maintain an exercise routine. The more exercise we practice, the more stretching we need. This especially applies as we grow older. Most of the daily aches and pains we experience can be prevented through a regular stretching program. www.centralcoastyoga.com
- **Aerobic Fitness:** the best form of exercise is the one you will do. Develop a schedule and stick to it. Ally with a friend, health-coach or trainer to help you maintain your program through the inevitable difficult times. In a world filled with people trying to improve their oxygenation through supplements, I find it paradoxical that the only proven methods, aerobic exercise, most of us don't incorporate regularly. Interval training where one exercises vigorously for even 2-5 minutes with 5 minute walking intervals for at least three cycles has been shown to vastly improve calorie burning over more monotonous routines. www.kennedyclubs.com
- **Resistance Training Fitness:** Weight bearing activity is essential for everyone. Especially as we age, the loss of lean body mass is one of the primary markers of poor aging. Whether through going to the gym, home exercise equipment, or just carrying some weights while walking, we will not maintain vitality without incorporating some form of resistance training into our weekly schedule.

Daily activity of course has a significant impact on physical capacity. Wearing a pedometer and insuring that you take 10,000 steps per day is yet another fine way to improve your vitality. Our bodies crave regular activity. You will find any health condition can improve with specific exercise guided by your physician or health coach.

Nutrition: Let's cover what we do know about nutrition. Remember, "Everything in moderation, especially moderation!" The "Orienting Generalizations":

- **Eating Awareness:** learn to trust yourself again, not some supposed authority. Eat slowly, quietly, thoroughly and with great enjoyment. Whatever the food, if you find your body reacting negatively, stop at that moment. If you eat slowly, you will eat less. I find people so confused whether they should or shouldn't eat meat, combine certain foods – basically anything, and somehow think someone on the TV or even I can tell them how to eat. Only you can.
- **Eat Less:** The most common nutritional problem in America is overeating. I do not care in the least whether it is proteins, fats or carbs, we eat too much, period. The natural medicine saying, "My mouth is my juicer" - means chewing your food thoroughly will help you enjoy your food more and

eat less. Juicing is a form of processing and is appropriate for treating some conditions, however it is a primary source for obesity when one gulps 24 ounces of any fruit juice.

- Drink More Water: Drink a minimum of 8-eight ounce glasses of filtered water per day. Allow yourself some herbal teas, try squeezing some lemon or lime into your water, or experience a myriad of different mineral waters. The primary cause of weight gain is liquid calories, whether it is from sodas, juices, or even diet sodas, which fool the body and increase appetite.
- Eat More Whole Foods: The best nutritional system would be the advice to eat the way we did prior to the advent of processing foods. If it comes in a box or a wrapper, eat as little of it as you can. Eat a variety of fresh fruits and vegetables, preferably locally grown and organic. Get in the habit of shopping regularly, preparing fresh food that you buy and consume every few days.
- Eat More Good Fats: The low-fat diet lead directly to the consumption of more processed carbohydrates and the burgeoning obesity and diabetes epidemic. The misconception that fats are bad for you amazingly persists, especially with the physicians in our society. Healthy fats that come from fish, nuts, olive oil, avocados and flax prevent heart disease, not cause it! If you eat meat, choose the leanest portions possible and eat in moderation.
- The 80/20 Rule: Whatever system of nutrition that you apply in your life, allow yourself “cheats.” If you can stay 80% on your program and 20% “cheat”, you will stick with it for the long-term. Any system of nutrition focused on what you can't do, will never work. Also note that any system that relies on you counting anything, whether calories or grams of anything, has never worked long-term.
- Avoiding the Artificial: If you are thinking of eating anything man-made that is substituting for something found in nature, it will always be worse than what you are substituting for. Specifically, margarine is 10 times worse for you than butter, non-dairy creamer may be the vilest substance ever made, and artificial sweeteners are always worse than natural sweeteners. In fact, consumption of artificial sweeteners is associated with weight **gain**. Since people eat sugar substitutes solely to lose weight, there can't possibly be any benefit to them, so why do we still consume them?
- Coffee: Listen to your body. If drinking coffee makes your irritable, stop drinking it. However, avoiding coffee because it is “bad” is directly controverted by medical research. Coffee in moderation (1-2 cups per day) helps prevent diabetes, Parkinson's, liver disease, has many powerful antioxidants, and has never been proven to cause any illness.
- Alcohol: If you have an alcohol problem, stop drinking altogether. However, drinking 5-7 alcoholic drinks per week has been shown to lead to a 40% reduction in heart disease, stroke, dementia and is also associated with a lower risk of certain cancers. I believe the idea that eliminating alcohol and coffee found so common in “natural health books” truly is a reflection of our country's Puritanical heritage. Most people suspect that if it feels good, it has to be bad for you. Disease comes from thinking that more is better, however. Always listen to your body. If you don't feel well after drinking alcohol, stop drinking ~ everything in moderation.
- Silent Killers: The flavor enhancer MSG is hidden in so many foods and acts as an excitotoxin causing brain damage. Hydrogenated (partially or otherwise) oils, trans fatty acids, kills between 50,000 to 100,000 Americans per year, each and every year, yet our FDA allows them to be part of our food. Read food labels carefully. Our misguided public gets scared by the FDA and pharmaceutical industry into fearing herbs and vitamins while allowing for these kinds of atrocities.

I know you are going to read books and newsletters that will continue to mislead you. Each and every book that I have read has some truths in it. As long as you read with an open mind and do not take any of these

sources to be the “food bible”, here are some good sources of information that may guide you to a way of eating that you haven’t experienced before.

- Eat Right For Your Type, Peter J. D’Adamo, ND
- The China Study, T. Colin Campbell, PhD
- The Zone, Barry Sears, PhD
- The South Beach Diet, Arthur Agatston, MD

Eat slowly and enjoy your foods. Experience and stop thinking so much!

I know that the principle of three hours per day (an hour per day for self-realization/stress-reduction, exercise, and nutrition) of proactively healthy behaviors may seem a daunting task. Whatever time you do spend will be well worth it.

-- Gary E. Foresman, MD