



INSTITUTE
OF RUSSIAN
HEALING ARTS

1693 Beacon Street,
Brookline, MA 02445
☎ (617) 879-1880
☎ (617) 816-7751
www.russianhealing.com

HEALTH CONSULTANT STATUS FORM

PLEASE READ CAREFULLY BEFORE SIGNING

I, Dmitriy Gushchin, N.D., M.S., L.M.T am not a physician nor a psychologist and do not hold myself out as such a specialist. **I do not practice medicine.** I am a Life Science Practitioner and Consultant of Natural Health. As my student/client, you will be taught a lifestyle of healthful living. This lifestyle is known as Natural Health. The lifestyle you learn and master is not a substitute for medical treatment. For any medical problem it is important that you have seen your physician and have had any medical treatment completed or underway.

Here you will be trained in the effective and productive use of Rest, Clean Air, Pure Water, Vigorous Exercise, Sunshine, Enzyme-Active Food, Natural Food Supplements, and a Positive Outlook. This is called Natural or Scientific Living.

Please read and sign the following statement:

In response to the above declaration, I agree that as a student/client of Dmitriy Gushchin, I will always seek medical advise for medical treatment. As a student/client, I am here to learn the effective use of Natural Health of Life Science in my daily life. I acknowledge that nothing in the teachings or methods of Natural Health of Life Science as taught by Dmitriy Gushchin is for the purpose of diagnosis, treatment, alleviating, mitigating, curing, preventing, or caring for any "disease" in any way or manner whatsoever. I clearly understand that the "diagnosis" or "treatment" of any kind of "disease" is outside of the scope and practice of Natural Health of Life Science. I do recognize that Natural Health of Life Science is a religious science of health. I also clearly understand that all of the teachings and the methods of Natural Health of Life Science as administrated by Dmitriy Gushchin are for the sole purpose of assisting people to learn how to BUILD THEIR OWN HEALTH.

I also authorize Mr. Dmitriy Gushchin to release pertinent information from my files to my insurance company.

____/____/____
Date

Signature