

·HIPPOCRATES SYSTEMS·

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EDUCATOR IN NATURAL DETOXIFICATION

Court Qualified Expert in VIDS (Vaccine Induced Diseases)

Host of "What's Ailing America?"

PATIENT'S HISTORY

Date: _____

Name: _____ 1st name you are called by: _____

Address: _____

City, State, Zip: _____

Place of birth: _____

Phone: _____ (home) _____ (office) _____ (fax)

E-mail: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____ Ht: _____ Wt: _____

Ages of siblings/children and any diagnostic labels given to them thus far:

Occupation (important for occupational toxin evaluation): _____
[parent(s) occupation if patient is child]

Marital Status of Parents/Patient: _____

How did you hear about our office? _____

Have you tried any alternative healing methods, such as:

Chiropractic _____ Acupuncture _____ Meditation _____ Yoga _____

Massage/Bodywork _____ Exercise _____ Special Diet _____

Homeotherapy _____ Therapeutic Touch _____ Others (list below)

CURRENT HEALTH CONCERNS (Mental, Physical or Spiritual); in children with behavioral disabilities, list most common behaviors (write on back if necessary):

History (page 2) _____

When did health concern begin? _____

What do you think caused it? (Any obvious relation to inoculation?)

How has this altered your lifestyle?

Have you consulted any other health care provider about this; if yes, Who?

If so, what diagnostic label has been attached to the health concern?

What tests were done to arrive at diagnosis? (especially important are x-rays and nuclear medicine)

What treatment and outcome did patient experience? _____

Any history of :

chronic ear infections? _____

antibiotic usage ? _____

ear tubes? _____

PATIENT BIRTH HISTORY

Where was patient born: Hospital _____ Home _____ Birthing Center _____

Who delivered patient: M.D. _____ Midwife _____ Other _____

Type of Birth: Vaginal _____ Cesarean Section _____

Were any of the following used at birth: Forceps _____ Vacuum _____

Was birth drug induced? (circle one) Yes No

Patient was: Bottle Fed *Formula* _____ Bottle Fed *Mother's Milk* _____ *Nursed* _____

Did patient's mother take any drugs, alcohol, or tobacco during pregnancy? (circle one) Yes No
If yes, please note substances used: _____

If there were any complications at the time of patient's birth, please explain: _____

History (page 3)

Were motor milestones of patient normal? (circle one) Yes No

If not, briefly describe: _____

Were developmental milestones of patient normal? (circle one) Yes No

If not, briefly describe: _____

PAST MEDICAL HISTORY

Medical **Illnesses**, (treatments, dates hospitalized, if any): _____

Physical Trauma...include broken bones and if patient was ever knocked unconscious (treatments, dates hospitalized if any): _____

Surgery _____

Does patient have all of body parts? (circle one) Yes No

If no, list missing parts:

Mental/Emotional Stress: (have you ever sought counseling or psychological service?)

Childhood Stress: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

School Stress: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

Stress of **Illness**: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

Family Stress: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

Relationship Stress: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

Work Related Stress: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

History (page 4)

Loss of Loved One: Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

ABUSE (Mental/Physical/Sexual): Mild ____ Moderate ____ Extreme ____

Age at time of stress: _____

Brief Description: _____

CHEMICAL STRESS: were you ever exposed to any type of **smoke, chemical, or fumes** for a prolonged period of time? (circle one) Yes No

If yes, what, when and for how long? (e.g., **fluoride, chlorine, cleaning chemicals**) _____

Has patient ever used any form of **tobacco** products? (circle one) Yes No

What type and how long? _____

Has patient ever consumed **alcohol** products? (circle one) Yes No

What type and how long? _____

Does patient consume the following substances? (please circle which ones and indicate how often)

How Often

Coffee _____

Tea _____

Chocolate _____

Candy _____

Soda _____

Preservatives (esp. MSG) _____

Artificial Sweeteners (esp. Aspartame) _____

NON-ORGANIC Fruits & Vegetables _____

Red Meat _____

Cow's Milk _____

Please list a few of patient's favorite and most often consumed foods:

*Medication and Inoculations

A. Immunization History: (or photocopy and attach)

name/type

date

History (page 5)

Please **list medications** (prescribed and "over the counter"), how many times a day you take it and the dose of the medication and **Vitamins-Supplements** (attach additional paper as necessary).

Any type of stress currently/previously experienced: Mild ____ Moderate ____ Extreme ____
Age at time of stress: _____
Brief description: _____

ALLERGIES: foods and/or drugs to which you have an allergic response (please note severity of response experienced): _____

LEGAL STRESS: has patient ever suffered injustice in the Courts? If yes, briefly explain which Court and what transpired; is case still ongoing? _____

GENITAL/SEXUAL HISTORY: any problems with sexual function?

Female patients: age at menarche _____ Menses regular? _____ Interval = days duration of flow _____
days _____ date of last period _____ number of pregnancies _____
Number of miscarriages/abortions _____ number of children _____ pain with menses _____

SPIRITUAL HISTORY: What religion, if any, do you ascribe to? _____
Do you consider your spiritual life healthy? (circle one) Yes No

If no, why not? _____

IS THERE ANYTHING NOT MENTIONED THAT YOU FEEL IT IS IMPORTANT FOR THE ONE WANTING TO HEAL YOU TO KNOW? _____

Additional Questions:

1. Did mother of patient or patient receive Rhogam (for Rh negative mothers of Rh positive babies)? (circle one) Yes No

2. Did mother of patient receive vaccinations while pregnant? (circle one) Yes No

If yes, please list which ones: _____

3. Did mother of patient have mercury fillings while pregnant? (circle one) Yes No

4. Does patient have mercury fillings? (circle one) Yes No How Many? _____

5. Did mother of patient consume a lot of salt water fish (especially tuna) while pregnant? (circle one) Yes No

6. Does patient consume a lot of cold water fish? (circle one) Yes No

7. Did mother of patient while pregnant, or does patient, consume products with aspartame? If so, how much? _____

8. Did mother of patient, while pregnant, have a history of exposure to pesticides? (circle one) Yes No If yes, where? (Home, school, work, community).

9. Did patient have a history of exposure to pesticides? (circle one) Yes No If yes, where? (Home, school, work, community).

10. Did mother of patient, while pregnant, have a history of exposure to aluminum in pots and pans, beverages in cans, deodorant, antacids, aluminum foil, etc.? (circle one) Yes No

11. Does patient have a history of exposure to aluminum in pots and pans, beverages in cans, deodorant, antacids, aluminum foil, etc.? (circle one) Yes No

12. Has patient taken steroids? Which ones and for how long?

13. When was your last dental checkup?

Are your teeth in good condition?

Any crowns or root canals?

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AGREEMENT CONTRACT

The parties hereby agree as follows:

1. **Disclosure.** Dr. Rebecca Carley, M.D. has disclosed the fact that she has been given a diagnosis of "delusion" based on statements she made on her public access television show in 1999 regarding corruption and fraud involving multiple State agencies. Thus, her license to practice medicine was suspended on 7/11/03 allegedly for practicing medicine with a "mental illness" claimed to be a "delusion of conspiracy". Therefore, under NYS CLS Educ Sec 6521, Dr. Carley is no longer permitted by the State to "diagnose, treat, operate or prescribe drugs for any human disease, pain, injury, deformity, or physical condition".
2. **Services to be offered by Rebecca Carley, M.D.** I am hereby requesting Rebecca Carley, M.D. to **educate**¹ me as to the substances/lifesyle choices that I have been exposed to which fit the definition of "**poison**"², and which are therefore **toxic**³. For such to occur, it is necessary for me to give information regarding which toxins I have been exposed to (including those inherent in medical diagnostic procedures), as well as what diagnosis may have been given to my set of symptoms by a **licensed** medical doctor. At that point, Dr. Carley will give me suggestions as to what **she** would do in a similar situation; i.e., what techniques/products are available for elimination of the toxins identified and the damage they have caused. Dr. Carley will not give me any advise as to what I should do personally for me/my child/my pet; rather, Dr. Carley has advised me that I should seek advise from a **licensed** medical doctor as to what I should do in my own **individual** case. I have also asked Dr. Carley to give me published literature regarding these matters, and to suggest various books/websites I may consult for further information. After due consideration of all the above, I will make a decision as to what course I should take.

¹ "educate" - to give proper moral, as well as intellectual and physical instruction. To prepare and fit oneself for any calling or business, or for activity and usefulness in life" (p. 514, Black's Law Dictionary, Sixth Edition)

² "poison" - a substance having an inherent deleterious property, which renders it, when taken into the system, capable of destroying life. A substance which, on being applied to the human body, internally or externally, is capable of destroying the action of the vital functions, or of placing the solids and fluids in such a state as to prevent the continuance of life" (p. 1156, Black's Law Dictionary, Sixth Edition)

³ "toxic" - "Poisonous; having the character or producing the effects of a poison; referable to a poison; produced by or resulting from a poison" (p. 1492, Black's Law Dictionary, Sixth Edition)

3. Parties.

This is a commercial contract strictly between 2 natural persons, Dr. Carley [herein after "teacher"] and myself [herein after as "student"], sui juris⁴. Both teacher and student do hereby reserve all rights without prejudice under the Uniform Commercial Code , § 1-207. Student, by signing my name below, swears under the penalty of perjury that I do not work for any government agency and that I have not contracted with teacher for purposes of entrapment. If student *does* work for any state /government agency, student will reveal that to teacher. By signing this contract, student hereby revokes all immunities and rights to legal representation by any attorney general in any future litigation involving teacher.

4. Notes/Records.

Student hereby asserts my constitutional right to privacy and expressly forbids teacher, or anyone acting under her control, from releasing any of my records to ***any third party, for any purpose***, without my express written consent. However, I consent to teacher reporting the results student obtains in any article/book that teacher should write; teacher will not identify student by name, however, without the express written consent of student.

5. Payment.

Teacher has informed student of the tuition teacher charges; payment made is for first consult, follow ups are free; and student is welcome to contact Dr. Carley if any questions arise. Student has been informed that the information being given student is for educational purposes only. Student agrees not to submit any insurance or other third party payer requests for any tests student decides to have done, unless they have been duly ordered and coded by a ***licensed*** medical doctor.

6. Non-disclosure of protocol to other persons. As each protocol must be individualized based on the history of that individual, student agrees not to give copies of the protocol designed for them to any other parties. Student agrees not to attempt to teach others the Hippocrates protocol, unless trained and certified by Dr. Carley to do so.

7. No guarantee of results can be made. Dr Carley has explained (and is stated on her website at <http://www.reversingvaccineinduceddiseases.com/services>) that there are 4 factors which determine how much response is obtained with the Hippocrates protocol:

1. If the client/student is willing to do what needs to be done
2. How old the client is (the younger the faster things happen)
3. How long the problem has been present (the longer the more deeply ingrained it is)
4. Whether the client is willing to replace toxic drugs with natural therapies (for example, chemo & radiation both cause cancer, thus if you actually want to reverse cancer you need to reverse the cause, not continue to poison yourself).

Obviously, it is also critical that student be honest with teacher when filling out the history form, which allows Dr Carley to see the “big picture” of how student has gone down the hole to disease. Student agrees that no refunds will be given.

IN WITNESS WHEREOF, the parties have duly executed this contract hereto,
Date: _____

Sui Juris Student (Printed)

Signature

Address: _____

Rebecca Carley, M.D., Teacher

⁴ "Sui Juris" - "of his own right; possessing full social and civil rights" (p. 1434, Black's Law Dictionary, 6th Edition)