

# Times of Refreshing Wellness Ministries



**Total Wellness The Refreshing Way!**

110 Reeves Rd. Blairsville, Ga.30512 Phone: 706-897-8537 Fax 480-287-9789  
Website: [www.torwellness.org](http://www.torwellness.org) Email: [info@torwellness.org](mailto:info@torwellness.org)

## Times of Refreshing Wellness Retreat Application

### Disclaimer

Times of Refreshing Wellness Ministries is a ministry of healing that promotes total wellness the refreshing way! Total Wellness encompassing physical, mental and spiritual wellness can only come from God and its principles are taught in the Bible. We are commanded by God to use His natural methods in cooperation with His power to minister to the sick using education, life-style change, and simple, Biblical, natural remedies used only as God's instruments of healing.

Because God is the only One who can bring about true healing, we do not hold ourselves out as having any innate titles, abilities, services or products that cure or in any way relieve any disease or abnormality. This disclaimer is to serve as notice that we are commanded by God to make use of these remedies as His instruments, but that all healing power comes from God. We are further commanded to make his plan and methods available to others in a way that helps to sustain the ministry work. This disclaimer is also to serve as notice that as far as we know, God's methods and / or instruments of restoration have not been evaluated or approved by any secular governmental agency. They are promulgated, practiced, published, and prepared in harmony with the Bible and are encompassed within the religious tenets of our church. This is your notice that we have been commanded by God to minister in this way!

Sincerely,



**Shelem Flemons,  
Pastor / Director / President  
Biblical Hygienic Practitioner**

**If this application is downloaded from our website it can be filled out on your computer. You can then email it to us as an attachment. Of course, you can simply print it out, fill it out and mail it out.**

## Times of Refreshing Wellness Retreat Application

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1 Choose one of the following:

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Answer

I agree to the terms of the previous disclaimer.

I do not agree to the terms of previous disclaimer.

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2 This Biblical Hygienic Evaluation Form is used for our wellness retreat guests as well as for consultation purposes. If you are filling out this form for someone else such as a minor or for a handicapped person, please write or type your name below and indicate your relationship to the person referred to in this form. If you are the legal guardian for the person, please indicate that fact as well. You will then fill out the form, answering the questions as though you are the individual needing health restoration. Write or type "N/A" in the box if the form is for yourself.

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3 Please fill out your contact information below. Your personal information is kept strictly confidential! We use this information to contact you regarding your Wellness Application Form.

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Name: **NAME OF CLIENT**

Work

Phone:

Home

Phone:

Email

Address:

Address:

Country:

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4 Please indicate your best contact phone number. You can use a mobile number for this answer.

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5 Please check the most appropriate category below that best describes your purpose in filling out this form. There are two consultation options and three options relating to the wellness retreat. If your circumstances differ from all the choices below, use the "Other" box to indicate your circumstances. Choose only ONE option. The "Wellness guest" options refer to those seeking to come to the wellness retreat for health restoration. "Education Companion Guests" are those who accompany wellness guests for support but are not seeking health restoration. Consultations are given to those who desire a written protocol to follow with telephone and / or email support. For consultations, you can see Shelem Flemons or another staff member at our facility, or the entire consultation may be done using telephone, fax, and / or email communication. If applicable, type the name of the accompanying "Wellness guest" or "Education Companion Guest" in the text box below.

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**Answer**

I would like to schedule a consultation in person with Shelem Flemons or another staff member at Times of Refreshing.

I would like to have a consultation with telephone, fax, and /or email support only.

I am coming to the wellness retreat as a "Wellness guest" for health restoration.

I am one of two family members coming to the wellness retreat as "Wellness guests" seeking health restoration.

I am coming to the wellness retreat as a "Wellness guest." I will be accompanied by a family member coming as an "Education Companion Guest."

Other

**Comment:**

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6 **If you are coming as a "Wellness Guest" or an "Education Companion Guest," indicate the **beginning date** of the wellness retreat you will be attending:**

**Answer**

January

February

March

April

May

June

July

August

September

October

November

December

**Comment:**

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7 **What is your gender?**

**Answer**

Male

Female

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8 Please write or type your age.

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9 How much do you weigh?

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10 How tall are you?

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11 What is your religious background or preference?

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12 Please indicate your type of work or profession and your usual work hours. This information is used for consultations and take home wellness regimens written at the end of the retreat.

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13 Please check all the diseases and / or conditions that you have. If you do have any of the diseases listed, check "Other" and then elaborate. You can put more information in the additional box

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**Answer**

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Constipation

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Sinus Problems - Use comment box or next 2 questions to elaborate.

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High or Low Thyroid Function - Use comment box or next 2 questions to elaborate.

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Pain - Use comment box or next 2 questions to elaborate.

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Chronic Fatigue Syndrome

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Fibromyalgia

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Anemia

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Drug Abuse - Use comment box or next 2 questions to elaborate.

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Cancer - Use comment box or next 2 questions to elaborate.

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Diabetes or Hypoglycemia - Use comment box or next 2 questions to elaborate.

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Arthritis - Use comment box or next 2 questions to tell which type (Gout, Rheumatoid, etc.)

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High Blood Pressure (Hypertension)

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Lupus

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Scleroderma

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Asthma, Bronchitis or COPD - Use comment box or next 2 questions to elaborate.

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Gall Stones or Kidney Stones - Use comment box or next 2 questions to elaborate.

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Crohn's Disease or Coliitis - Use comment box or next 2 questions to elaborate.

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Aneurysm or Blood Clots - Use comment box or next 2 questions to elaborate.

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Fibroid Tumors or Endometriosis - Use comment box or next 2 questions to elaborate.

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Enlarged Prostate

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Other: IBS, Digestive issues (onset in last 9mos)

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**Comment:**

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- 14 **Please indicate any additional conditions you are suffering from and / or elaborate on any of the conditions checked in question 13. These can include any conditions diagnosed by your doctor and any that you have reason to believe are affecting you.**
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15 Please tell us about any past diseases, conditions, surgeries and / or procedures that you have had. If you can remember the approximate date (month and year) of any diseases, conditions, procedures, or surgeries, it would be helpful.

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16 As far as you know, what diseases run in your family?

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17 Please list any drug medications you are taking and indicate the conditions for which they were prescribed. You can type "None" in the box if you are not taking any drug medications.

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18 Please list any herbs or supplements you are taking and indicate the conditions for which they are taken. You can type "None" in the box if you are not taking any natural herbs or supplements.

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19 Please indicate your stress level below. You can use the text box to indicate the nature of the stress, although this is optional. For example, you can indicate that the stress is financial, etc.

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No Stress	Small Amount of Stress	Moderate Amount of Stress	Above Average Amount of Stress	Completely Stressed Out!
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Comment:

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20 Please indicate the extent of your exercise during the week. Use the text box to indicate the type of exercise you receive. For example, "walking, jogging, swimming, etc."

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I Get No Exercise	I Get Very Little Exercise	I Get a Moderate Amount of Exercise	I Get Above Average Amount of Exercise	I Get A Large Amount of Exercise
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Comment:

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21 What time do you go to bed? If you have irregular hours, explain below.

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22 How many ounces of water do you drink everyday?

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23 Please check all that apply. If none of these apply, choose "None of the above."

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**Answer**

I smoke or chew tobacco.

I drink coffee (including decaffeinated).

I drink teas with caffeine.

I eat chocolate.

I drink alcohol.

I drink sodas and / or other soft drinks

I overeat (I feel stuffed after meals).

I snack between meals

I usually drink with meals.

I eat at least 1 of the following: Ketchup, Mustard, Salad Dressing, Mayonnaise.

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I eat white flour and white flour products

I eat at least 1 of the following: beef, pork, chicken, fish.

I eat at least 1 of the following: eggs, milk or milk products, cheese.

I eat late at night or just before going to bed.

I believe I overwork.

I eat lots of desserts or foods with sugar.

I wear short sleeves, short pants or short skirts.

I watch a lot of television.

NONE OF THE ABOVE

**Comment:**

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- 24 **Indicate the time of your normal breakfast and tell us what you typically eat for your first meal. Type "NONE" if you don't eat breakfast.**
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- 25 **Indicate the time of your normal dinner (or lunch) and tell us what you typically eat for your second meal. If you don't eat dinner, type NONE in the box.**
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26 Indicate the time of your normal supper (or dinner) and tell us what you typically eat for your third meal. Type "NONE" if you do not eat a third meal.

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27 Briefly indicate the goals you would like to see accomplished at Times of Refreshing or as a result of this consultation.

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28 May we send you our free wellness e-newsletter?" You can unsubscribe at any time.

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**Choose one of the following options below:**

Yes, send me the free health e-newsletter.

No, thank you!

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29 If you are filling this out for consultation purposes, please indicate how you would like to receive your response?

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**Answer**

Email (The fastest)

Fax (Type fax number in the text box below)

Mail

Other

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30 Please tell us how you heard about Times of Refreshing. You can elaborate in the text box below.

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**Answer**

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Family

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Friend

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Church Member

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Other

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**Comment:**