

# THE FARM

## AT SAN BENITO

### Guest Health Questionnaire

The information you provide by completing this questionnaire will allow our medical doctors to define your personal program before your arrival. Following your arrival, you will be offered a medical consultation on the basis of which adjustments to the program may be made. Thoroughness in the information you provide will ensure we design a plan relevant to your needs.

Last Name:	First Name:	Title:
Ethnic Origin:	Civil Status:	Gender:
Date of Birth:	Age:	Height:
Telephone Number:		Email:
Nationality:		Country of Domicile:

<p>1. Please underline/highlight the statement that BEST describes the intentions of your stay:</p> <ul style="list-style-type: none"> <li>• I just want to relax, be cared for and left alone. I want my peace and quiet.</li> <li>• I am interested in taking the necessary steps to achieve a healthier life.</li> <li>• I have issues and/or "dis-eases" that are having a negative impact on my health and quality of life. I am seeking help to correct the issues and reverse my "dis-ease."</li> <li>• I want to experience everything that the FARM has to offer</li> </ul>		
<p>2. Please, indicate your main health concern, if any.</p>		
<p>3. What are your goals for your stay at the Farm?</p>		
<p>4. Please underline/highlight symptoms or disorders that you are experiencing for the last 6 months:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Arthritis</li> <li>Digestive disorders (constipation/diarrhea)</li> <li>Genito-urinary problems</li> <li>Chest pain</li> <li>Disordered eating habits</li> <li>Sleep disturbance</li> <li>Blood pressure (high/low)</li> <li>Fatigue</li> <li>Snoring</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Difficulty breathing</li> <li>Irregular heartbeat</li> <li>Pain (acute or chronic), Area:</li> <li>Depression/anxiety</li> <li>Migraine/headache</li> <li>Dizziness/fainting</li> <li>Memory Loss</li> <li>Pneumonia</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Arthritis</li> <li>Digestive disorders (constipation/diarrhea)</li> <li>Genito-urinary problems</li> <li>Chest pain</li> <li>Disordered eating habits</li> <li>Sleep disturbance</li> <li>Blood pressure (high/low)</li> <li>Fatigue</li> <li>Snoring</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty breathing</li> <li>Irregular heartbeat</li> <li>Pain (acute or chronic), Area:</li> <li>Depression/anxiety</li> <li>Migraine/headache</li> <li>Dizziness/fainting</li> <li>Memory Loss</li> <li>Pneumonia</li> </ul>
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<p>5. Please list medications utilized during the course of the past six (6) months. Please, include vitamins and dietary supplements.</p>		
<p>6. Have you undergone abdominal surgery or other surgery in the last 2 years?</p> <p style="padding-left: 20px;">If yes, please indicate the reason for the surgery and the date the surgery was performed.</p>		

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7. Have you had colon hydrotherapy or other colon cleansing treatment before?

If yes, please indicate the date, the name of the institution and the country

8. Please, indicate the MAXIMUM duration you are able to allow for you stay:

*The Medical Doctors will prescribe the duration of the program on the basis of your state of health and the health goals you have defined, as well as allowable time away from work and family.*

9. Please, provide information regarding any known allergies you may have:

- Dust
- Pollen
- Food:
- Drugs:
- Chemicals:

10. Do you smoke cigarettes, cigars?

Frequency: \_\_\_ Sticks / \_\_\_\_\_ or \_\_\_ Packs / \_\_\_ packs per day \_\_\_\_\_

11. Do you drink alcoholic beverages?

Frequency/week: \_\_\_ glass of Beer, \_\_\_ glass of Wine, \_\_\_ glass of hard liquor (gin, whisky, brandy)

12. How many meals do you eat per day? \_\_\_\_\_ snacks? \_\_\_\_\_

13. Please list your current stressors at

Home:

Work:

Community:

14. Are there any other concerns or information that you wish to add that may facilitate us to maximize your stay at the Farm?

15. The Farm at San Benito offers a wide variety of services as well as provides private sessions. Please underline/highlight any areas that are of interest to you during your stay.

Integrative Medicine (consultation, Digital Meridian scan, Nutritional Microscopy)  
Body Treatments (massages, body scrubs, herbal wraps, etc.)  
Detoxification (colon hydrotherapies, wheatgrass infusion, liver cleanse, etc.)  
Exercise/Movement (yoga, personal training, power walk, etc.)  
Healing Energy (acupuncture, reiki, craniosacral therapy, etc.)  
Food (consultations with a nutritionist, menu design, healthy weight, etc.)  
Outdoor activities (Golf, fishing, etc.)  
Kids & Teen Services (for guests ages less than 17)

## THE FARM AT SAN BENITO

Resort Address: 119 Barangay Tipakan, Lipa City, Batangas, Philippines Mobile No. (+63)9188848078  
Sales and Reservations Office: Shop 12, G/ F, The Peninsula Manila, Corner of Ayala and Makati Avenues, Makati City, Philippines  
Tel. Nos. (63 2) 884 8074 Mobile No. (+63) 9188848080 Email: reservations@thefarm.com.ph Website: www.thefarmatsanbenito.com

# THE FARM

AT SAN BENITO

## Agreement of Program Terms and Conditions

This document delineates the terms and conditions by which the guest agrees to abide for the duration of stay at The Farm, located at 119 Barangay Tipakan, Lipa City, Batangas, and Republic of the Philippines (hereafter referred to as "The Farm". The scope of The Farm is to provide guests with progressive therapies designed to cleanse and strengthen physical, mental, and emotional health. The services and products offered include educational classes, raw and living (high-enzyme) meals, general fitness exercises sessions, massage, life and lifestyle coaching. The services and products defined and delineated by medical personnel of THE FARM individually for the guest signing hereunder shall hereafter be referred to as "the Program". The person signing hereunder and either intending to purchase a service or a product of THE FARM or having purchased a service or product of THE FARM shall hereafter be referred to as "the Guest".

### A. CLEANSING AND NUTRITIONAL PROGRAMS

1. I understand that THE FARM practices holistic, alternative, natural medicine. The education provided by THE FARM is for improving health through body cleansing and maintaining optimal health through quality nutritional and lifestyle practices of the Guest.

2. I understand that the disciplines and modalities offered as services by THE FARM are not exact clinical sciences (conventionally defined as double-blind control trials in multi-centers). I acknowledge that no claims or guarantees have been made to me regarding my health as a result of my using the disciplines taught by THE FARM.

3. By voluntarily enrolling in the Program on my own free will, I fully understand and take full responsibility for my decision to learn progressive health disciplines and for any and all risk that may be involved in my participation in the Program. THE FARM shall not be held liable for any consequences that may occur whether directly or indirectly linked to the Program, either during or after my completion of the Program.

4. I understand that the decision to enroll in the Program may involve discomfort resulting from the process of detoxification (internal cleansing), dietary and lifestyle changes. I understand and agree to notify medical personnel of THE FARM of any unease or discomfort I may experience during the Program, and of any sign or indication.

5. I understand that I am to receive guidance regarding therapeutic treatments and modalities for the Program only from medical personnel of THE FARM 6. I understand that for optimal efficacy of the Program, I am required to comply with the Program, adapt a healthy and positive openness, and that without openness the results of the Program may not be optimum.

7. THE FARM does not accommodate persons in need of nursing care. I do not require such care at this time.

8. I agree that, should I need emergency medical care during my stay at THE FARM, I will so notify medical personnel of THE FARM, and agree to leave the premises of THE FARM if instructed by medical personnel of THE FARM to do so in the best interest for my health. I agree that THE FARM shall not be responsible for transportation or medical expenses incurred in conjunction with emergency evacuation and emergency medical care I may require.

### B. GENERAL

1. I understand and agree that THE FARM is not liable for the loss or damage of money, jewelry or other valuables and personal possessions.

2. I understand and agree that THE FARM reserves the right to terminate the Program if I neglect to observe and abide by the guidelines pertaining to the Program or any instruction by medical personnel of THE FARM.

3. I understand and agree that in the event that medical personnel of THE FARM terminate the Program on the basis of my neglect to observe and abide by the guidelines pertaining to the Program

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or any instruction by medical personnel of THE FARM, I shall be responsible for remitting the full amount of the payment of the Program, as stated by the Statement of Account document issued by THE FARM, whether I may have completed the Program or not.

I confirm to have read, understood and to agree to the terms and conditions delineated above. I hereby willfully agree to waive all my rights for filing any legal case against THE FARM, the services, products and the Program offered by THE FARM, and any and all services products and the Program I may have received, purchased or received from THE FARM.

\_\_\_\_\_  
Signature over Printed Name  
Date:

Thank you for taking the time to complete the form. We will contact you by telephone or email as soon as your program has been defined.

We look forward to welcoming you to The Farm.

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