

E² MEDICINE (A SUBSIDIARY OF HOUSE OF JEWELS)



CLIENT
RECOMMENDATIONS

DR. JEWEL

DR JEWEL POOKRUM, M.D., PHD, MFS

Client Treatment Agreement

Greetings to you;

We are honored that you have selected The J.E.W.E.L. University of Immortal Sciences, the college of “Regeneration Medicine” (JUIS), to assist you with resolving your health concerns. We are devoted to insure that we share with you the most advanced, accurate and effective methods and therapies, to initiate harmony and return balance to all areas of your body.

We are committed to educating you upon the many facets involved in the stages of healing. This information will enlighten and provide you with relevant directives, which will enable you to correctly care for and maintain the wholesome health of your bodies.

The body in general is composed of a visible semisolid structure common known as “The Body”. The body is also composed of a Liquid body, known as the “Emotional Body”, a PLASMIC quality form known as the “Mental Body and there is a GASOUS energy component, which permeates all of the bodies called the “Mental Body”. Finally, the Force which brings life and animation to all of these forms is known as the SPIRIT.

Health as well as illness known as dis-ease, affects all components of one’s body. A simple cut to a significant disorder such as Diabetes or Cancer, is the end result of DISHARMONY IN ALL of the body forms, to a greater or lesser degree.

We at the JUIS recognize that it is our responsibility to evaluate, identify and inform you the client, as to the location and the degree of disharmony presently existing within your body systems. Once identified, we will thoroughly inform you of our findings and offer to you, a full service regimen that will return harmony to all of your bodies.

To insure we are thoroughly enabled to service your health needs and deliver the highest quality support available to you within our college, we have constructed the following;

- **An education curriculum to treat your EMOTIONAL body.**
- **A daily Focus exercise, introducing GEOMETRY *(DJBP) to your Brain and tissues. Geometry insures that the cells composing the tissues, and organs of your body, will return to their natural structure and function.**
- **An education curriculum to return the Endocrine system and the hormones they produce, back to their healing natural Daylight – Nightlight cycles. This is imperative to enable the physical body to return to a harmonic state with all of its bodies and with Nature (LOT).**
- **A simple Nutritional and supplement program for the physical body. This is a ninety day program.**
- **An educational Curriculum to insure you learn how to effectively use your MIND (the MENTAL body). It is Known as the *HMP.**

To insure that the JUIS and its Staff produce the results you desire, please review the conditions and directives outlined below. These directives will insure that you will experience a near total if not total, resolution of your present health imbalance(s).

- ***DJBP- Dr. Jewel's Brain Balancing Program. Geometry to restructure physical tissues.**
- ***LOT- Law of Time. Training to relearn how to recognize and live by Natural time**
- ***HMP- Holo-Mind Perceiver Matrix. Instruction on how to correctly use the mind body.**

. Purpose: To insure that all clients receiving services from the JUIS, Dr. Jewel Pookrum, Dean Vax Ac Votan and Professor Harold Causby;

1. share a thorough understanding of what their responsibility shall be upon receiving treatment(s) and educational instructions through the JUIS university and its College of Regeneration medicine.

2. The Client Treatment Agreement (CTA) which all clients ARE REQUIRED TO SIGN, prior to receiving services from any or all of the JUIS staff and service providers. Demonstrates that the client whos name appears below agrees to the following;

C.A.T.

- I. Name _____
- II. born ___Month___, ___Day___, ___Year___,
- III. residing at; Address, _____
- IV. City/State, _____ Zip _____,
Country _____

DECLARE THE FOLLOWING;

- II. I have willing come to the JUIS University seeking their professional services to support my intentions to obtain and regain the restoration of my Body, Mind and Spirit.
- III. I have come to the JUIS seeking Knowledge, education and treatments in the sciences of Alternative/Integrative Medicine, Quantum Time physics, and any other aboriginal as well as contemporary sciences which will support my goal(s) to regain the health of my physical, Mental, Emotional and spirit bodies.
- IV. My known diagnosis is: _____
_____ and I agree to provide the JUIS/ Dr. Jewel Pookrum and the staff with the following:
 - a. Medical records over the last 13 months.
 - b. A written/document statement from my last treating physician and institution or a reason why these documents are not available _____.
 - c. Recent copies of all Blood Studies, Diagnostic Studies, X-Rays, and pathology reports (biopsy and other tissue reports (DNA analysis).

- d. A recent (last 10 days) photo of my Full face profile and a photo of my full body profile for evaluation. This is to be submitted prior to receiving any professional interviews.
- e. I agree to **Priority Mail** a set of signature cards to assist with the evaluation of my Brain and peripheral nervous system health. I understand that my signature will NEVER be used for ANY other REASON than for neurological frequency monitoring.
- V. I Understand that Dr. Jewel Pookrum as well as her appointed staff, will be attending to my health treatments and instruction; to insure that I receive the professional care and education necessary to change THE QUALITY OF MY BLOOD. I understand that I must totally comply with the recommendations made in my behalf from the JUIS staff, to insure that I create the blood quality that supports healing and the restoration of my HEALTH.
- VI. I agree to attend all courses recommended to me, which will be instructed by experts in their fields of Mastery. I understand and agree that these courses will be given **concurrent** with any medical treatments I will receive. I agree and understand that this is necessary so as to change the quality of my blood as thoroughly and expediently as possible. I understand this behavior will support the restoration of the tissues of my body.
- VII. I agree to conform to the JUIS treatment plan as recommended and I agree to purchase the plan I agree with.
- VIII. I agree to purchase my treatment plan and services via: acceptable Cash currency, Digital Currency, Precious Metals (Gold, Silver, and Platinum with certificate of purity), Credit or Debit Card(s).
- IX. I agree to purchase my services in totality. I understand that payment Plans may be available and I can receive assistance with creating a payment Plan that benefits myself as well as the JUIS.
- X. I agree that any payment plans created in my behalf must be complied to as agreed. Missed payments or a breach in making payments, will result in dismissal from the JUIS College of Regeneration Medicine and all educational and treatment services will be immediately discontinued until my payment plan is returned to a "Good Standing" status.
- XI. I understand that I will be placed on an initial NINETY (90) day treatment plan.
This plan has three Stages over a 90-day period. I agree to complete all three stages which includes, Diet, Nutraceutical supplementation, Daily Brain focusing exercises, online class instruction and participation in online or in person counseling sessions. I agree to fully participate in all three (3) stages of my initial 90-day Treatment plan.

X. I agree to be fully present and participatory throughout my treatment period. I agree to ask questions and to ask for assistance with understanding for implementing any aspect of my treatments. I understand that my failure to seek assistance and understanding of any aspect of my course studies and

treatments may result in experiencing the inability of my body to completely heal and to eradicate my present dis-eased state. I agree to give my 100% effort, attention and resources to healing myself.

Client Name _____

Date _____

Name Printed _____

Witness name _____

Date _____

Staff Approval _____

Print Name _____

Date _____