

The Club at CamClinic
1928 South 16th Street
Wilmington, NC 28401
Tel: (910)342-0999

The Cameron Clinic is excited to offer The Club at CamClinic. This is a wonderful opportunity to access cutting edge technology in one location. The Club wants to be part of your team to help you take control of your health and wellness. Good health allows you to enjoy life!

The Club at CamClinic is a Private Membership Association established to increase treatment options for individuals. Our Association understands that wellness has many dimensions and strives every day to stay on the leading edge of new technology. This allows you a variety of options to design a comprehensive health and wellness program. The Association provides comprehensive, complementary alternative care and cutting edge technologies to evaluate many aspects of your health and provide effective treatments at an affordable fee. These include: wellness evaluation and testing with Zyto™ technology and the following therapies – Life Vessel, Rife machine, MultiLumen, Theralumin, LiveO2®, ENG3 NanoVi™, and EVOX®.

Life Vessel, the ultimate experience to Relax and De-Stress, Balance and Restore. We remain the only location on the East Coast. Members will be able to schedule one or more sessions. We believe that the best results are obtained when doing the protocol of four approximately one hour sessions monthly for three months.

ZYTO technology is based on the body's ability to respond to subtle stimuli. Using the body's natural energetic field, a communication link is established between the patient and the computer via the ZYTO hand cradle. Through this connection, ZYTO sends stimuli and then records the body's response. This conversation is called biocommunication, and it provides insights into health and wellness.

EVOX, another component of the Zyto technology, facilitates a process called Perception Reframing. Perception is the way you feel and think about something. Because we perceive more than we are aware of, perception is more often 'felt' rather than 'thought about.' EVOX uses the voice (VOX is Latin for voice) to map perception about specific topics like health, relationships, work or athletic performance; any aspect of life. It then analyses that map, called a Perception Index, and creates a playback information packet that the body uses to bring perception to the level of awareness and allow it to be reframed. EVOX is used to improve every aspect of human performance.

Rife Machine is based on the concept that all cells and organisms have their own vibratory signature. There are certain vibrations that heal and that kill. There are hundreds of programs to choose, from colds and flu, liver support, abdominal inflammation to anxiety and relaxation.

MultiLumen uses light (photodynamic therapy) and specific frequencies to address problems like DNA healing, neuro-immune, circulation, neuropathy, muscle injury, bone healing, inflammation, collagen and toe nail fungus. You can do one program for 30 minutes or 2 programs for 15 minutes.

TheraLumen uses light and frequency to address microbial and fungal overgrowth in the sinus cavities. The sinus area behind your nose is the one location there is no blood brain barrier. This allows the light therapy to penetrate the brain more easily to help stimulate activation of brain cells. Oral liposomal methylene blue can be used as a photosensitizer to improve treatment effects.

LiveO2 Oxygen therapy is fantastic because more oxygen translates into more cellular energy, more healing energy and more overall energy to help us feel good and perform better in life. LiveO2 is about Inflammation and the best, most straight-forward way of addressing it. LiveO2 restores the blood micro-circulation and consequently we see a permanent elevation of oxygen influx and uptake. Oxygen is vital to every physiological function of the human body.

<https://liveo2.com/science/> Check out the video Oxygen and Immunity

NanoVi device helps protect and reinstate essential protein functions. Loss of proper protein function results from oxidative stress and is an underlying cause of aging and chronic disease. Water plays an important role in the proper folding of proteins so that they can function properly. The NanoVi uses the special properties of water (exclusion zone or EZ water) to influence protein folding, which improves cellular function. Water droplets in a humidified airstream are exposed to a specific bio-identical signal known to initiate repair mechanisms in the body and then inhaled using a touch free delivery system or nasal cannula.

Better cellular repair is key to: speeding recovery and regeneration, improving energy, strengthening the immune system, promoting healthy aging and helping to fight many chronic diseases.

<http://eng3corp.com/how-does-nanovi-work/>

These treatments are not a one-time event to fix the problem. The more issues you have the more frequently you should plan to schedule sessions. Combining the different modalities can help to re-charge your battery. As long as the energy of our body, mind and spirit are strong the better we feel about our self and living life to the fullest.

To get the most out of your care and enjoy the services listed above you will need to become a member of The Club at CamClinic. You do not have to be a patient of the Cameron Clinic to join The Club at CamClinic. If you are not a patient of Cameron Clinic, you will need to schedule of 25 minute consultation to set up an individualized plan.

The Cameron Clinic of Oriental Medicine continues to offer the time tested traditions of Pan Asian Medicine including acupuncture, use of the Acutron for micro-current therapy, cupping and guasha, biomats, nutritional supplements and lifestyle counseling combined with the best of western science. Cameron Clinic will continue our mission to provide each patient with individualized care; you are not just another number. It's important to us that you understand your treatment options and choose the care you need and want. Our goal is to help you achieve good health thru the time tested traditions of Pan Asian Medicine, and to incorporate the best of western science.

The Cameron Clinic of Oriental Medicine specializes in acupuncture and the use of nutritional supplements and herbs. Health is the quality of your life. Our approach is comprehensive and we address nutritional and lifestyle issues with individualized teaching, handouts, lending library and classes. Consultation and treatment information are available at our website: www.camclinic.com

Nan Cameron, MSN, RN, LAc

The Club at CamClinic, LLC
1928 South 16th Street
Wilmington, NC 28401
Tel: 910.342.0999
Fax: 910.342.0993
theclub@camclinic.com

Office Hours

Tuesday, Wednesday, and Thursday 10a-5:30p
Friday 10a-4p

Important: Please notify our office 48 hours in advance if you must cancel your appointment. Patients are billed for cancellations with less than 24 hours notice (please note certain package pricings require a 48 hour cancellation notice except in the case of hospitalization or death in the family).

You do not have to be a patient of the Cameron Clinic of Oriental Medicine to join and participate in The Club at CamClinic. All members are required to sign the membership contract and pay the \$10.00 lifetime membership fee. If you are not a client of the Cameron Clinic, you will be required to complete a history form and do a 25 minute consult to plan your program.

Fee Schedule:

Life Vessel	\$100.00 for one session
Rife Machine	\$15.00 for ≤ one hour session, \$5.00 for each additional 30 minutes
TheraLumin	\$25.00 for 30 minutes. Liposomal methylene blue is an additional Charge
MultiLumen	\$25.00 for 1 – 30 minute session or 2 – 15 minute sessions.
LiveO2	\$45.00 for ≤ 30 minute session
NanoVi	\$45.00 for a 30 minute session
Additional costs:	
Mask kit for LiveO2	\$75.00, you will be responsible for the care of your mask and bringing the mask to each session.
NanoVi	Paper roll \$0.50/treatment or Nasal cannula \$2.00 (good for one month)
Methylene Blue	\$25.00
New client consult 25 min.	\$50
Club membership fee	\$10

Special Package prices for 4 week blocks.

Purchase 6 - 30 minute sessions that must be scheduled and used during the 4 week period. *One week is considered as Tuesday thru Friday during clinic business hours.* If the office is closed for a full business week – Thanksgiving, Christmas, New Years and July 4th – that week will not be counted as one of the four weeks. You must give 48 hours notice to cancel a scheduled a session or it will be counted as being used. The only exception is hospitalization or death in a family. The package is nontransferable. Unused sessions at the end of the 4 week block cannot be carried over. Cost is \$150.00 (\$25 per 30 minute session).

Purchase 12 – 30 minute sessions that must be scheduled and used during the 4 week period. One week is considered as Tuesday thru Friday during clinic business hours. If the office is closed for a full business week – Thanksgiving, Christmas, New Years and July 4th – that week will not be counted as one of the

four weeks. You must give 48 hours notice to cancel a scheduled a session or it will be counted as being used. The only exception is hospitalization or death in a family. The package is nontransferable. Unused sessions at the end of the 4 week block cannot be carried over. Cost is \$250.00 (\$20.84 per 30 minute session)

Purchase 16 – 30 minute sessions that must be scheduled and used during the 4 week period. One week is considered as Tuesday thru Friday during clinic business hours. If the office is closed for a full business week – Thanksgiving, Christmas, New Years and July 4th – that week will not be counted as one of the four weeks. You must give 48 hours notice to cancel a scheduled a session or it will be counted as being used. The only exception is hospitalization or death in a family. The package is nontransferable. Unused sessions at the end of the 4 week block cannot be carried over. Cost is \$320.00 (\$20.00 per 30 minute session)

Thirty minute sessions are calculated in the following way:

Rife \leq 1 hour will = 30 minute session, Life Vessel will = 2 – 30 minute sessions (limit one/6 package price and limit two/12 or 16 package price). TheraLumen, MultiLumen, LiveO2, NanoVi 30 minute session will equal 30 minutes. The biomat can be added with any modality other than Rife and Life Vessel for 30 minutes and will equal 30 minutes. The immune LiveO2 protocol requires the use of the biomat and would be counted as 2 – 30 minute sessions.

Zyto and EVOX sessions are not included in the package prices. If you are interested in scheduling a session, schedule a 50 minute consult with Nan. These are usually done on Fridays.

The Club at CamClinic is a subsidiary of the Cameron Clinic of Oriental Medicine, but operates as its own entity. Each has its own invoice and in some cases you may have two separate invoices.

THE CLUB AT CAMCLINIC

Membership Explanation:

Private Membership Association (PMA) Explanation:

A Private Membership Association has been established for The Club at CamClinic. All patients are encouraged to become Members for a \$10 (one time) Membership fee. The purpose of the association is to increase treatment options for patients who opt to become Members of the PMA because as private Members, patients have more control over how they are treated than if simply under the public regulations. Patients that decide not to join the PMA will not be able to receive the following therapies – Life Vessel, Rife machine, MultiLumen, Theralumin, LiveO2®, ENG3 NanoVi™, Zyto™, and EVOX®. All patients that become Members of The Club at CamClinic PMA, will receive a \$10 off their first treatment session, excluding EVOX and zyto sessions. If you have any questions, please do not hesitate to ask. We strongly encourage patients to join the PMA, as this will allow the practitioners and staff to offer you more comprehensive treatment options.

Please read and sign the following contract:

The Club at CamClinic
1928 South 16th Street
Wilmington, NC 28401
(A Private Membership Association)

MEMBERSHIP CONTRACT

I, _____ good and valuable consideration, do hereby apply for Membership in The Club at CamClinic, a private Membership association. With the signing of this Membership agreement I accept the offer made to become a Member of The Club at CamClinic and have read and agree with the following Declaration of Purpose, Memorandum of Understanding, and Terms and Conditions.

Declaration of Purpose

1. We proclaim the freedom to choose and perform for ourselves the types of therapies and treatment modalities that we think best for health evaluation, treatment and prevention of illness and disease of our minds and bodies and for achieving and maintaining optimum wellness. We proclaim and reserve the right to include medical and health options that include but are not limited to cutting edge treatment modalities and therapies practiced or used by many types of healers, therapists, and practitioners the world over whether traditional or nontraditional, conventional or unconventional.

2. Specifically, the mission of our Association is to provide Members with the highest level of quality care and the most effective methods of treatment. We treat Members and their health and medical condition, and not merely the symptoms experienced. Our Association understands that wellness has many dimensions and strives every day to stay on the leading edge of new technology. The Association provides comprehensive, complementary alternative care and the most advanced technologies to evaluate many aspects of a Member's health and provide the most effective means of treatment at an affordable fee. These include: wellness evaluation and testing, complementary treatments such as Zyto™, EVOX®, Life Vessel, LiveO2®, ENG3 NanoVi™, MultiLumen, Theralumen, and Rife Machine for

optimization of health and well-being. Additional modalities may be added at any time if deemed appropriate for Members of the Association.

Memorandum of Understanding

I understand that the fellow Members of the Association that provide services and care, do so in the capacity of a fellow Member and not in the capacity as a licensed health care provider. I further understand that within the association no practitioner-patient relationship exists but only a contract Member-Member Association relationship. In addition, I have freely chosen to change my legal status as a public patient, customer or client to a private Member of the Association. I further understand that it is entirely my own responsibility to consider the advice and recommendations offered to me by my fellow Members and to educate myself as to the efficacy, risks, and desirability of same and the acceptance of the offered or recommended health evaluation, therapy, treatment and care is my own carefully considered decision.

ANY REQUEST BY ME TO A FELLOW MEMBER TO ASSIST ME OR PROVIDE ME WITH THE AFOREMENTIONED HEALTH EVALUATION, THERAPY, TREATMENT AND CARE IS MY OWN FREE DECISION IN AN EXERCISE OF MY RIGHTS AND MADE BY ME FOR MY BENEFIT, AND I AGREE TO HOLD THE MEMBER(S), STAFF AND OTHER WORKER MEMBERS AND THE ASSOCIATION HARMLESS FROM ANY UNINTENTIONAL LIABILITY FOR THE RESULTS OF SUCH CARE, EXCEPT FOR HARM THAT RESULTS FROM AN INTENTIONAL ACT THAT IS DETERMINED BY A COURT OF COMPETENT JURISDICTION OR NAUTRAL ARBITRATOR OR PANEL OF ARBITRATORS. The Members have chosen Nan Cameron as the person best qualified to perform services to Members of the Association and entrust her to select other Members to assist her in carrying out that service.

All complaints or grievances made by members against Members and/or the Association shall be settled by an Association Committee. Should the Association Committee be unable to resolve the complaint or grievance, then the complaint or grievance shall be determined in accordance with the dispute resolution of this Contract. Any medical or healthcare records kept by the association will be strictly protected and only released upon a HIPAA-compliant written request of the Member. I agree that if I violate any waivers in this Membership Contract, shall hold harmless the Association and any other Members from any resulting liability. In addition, the Association does not participate in any medical insurance plans or collections on behalf of the Member.

I agree to join the Association, a private membership association under common law, whose Members seek to help each other achieve better health and live longer with good quality of life. I understand that the healthcare providers who are fellow Members of the Association are offering me advice, services, and benefits that do not necessarily conform to conventional medical care. I do not expect these benefits to include on-call coverage, or the usual and customary care provided by many Providers. I will receive such primary and specialist care elsewhere. I fully understand that the benefits I receive from the Association will not be covered by my health insurance and not at all by Medicare.

As a Member, I accept the goals of helping my body function better and choosing techniques that are both very safe and have a reasonably good chance to succeed, realizing that no diagnostic technique or treatment is foolproof. If I choose to forgo drugs, surgery, or radiation that has been recommended to me by others, I fully accept the risk that I might suffer serious consequences from that choice. Other aspects of informed consent will take place in my discussions with the providers and my fellow Members of the Association. My activities within the Association are a private matter that I refuse to

share with the State Boards, the FDA, FTC, Medicare, Medicaid or my own insurance company without my expressed specific permission. All records and documents remain as property of the Association, even if I receive a copy of them. I fully agree not to file a malpractice lawsuit against a fellow Member of the Association, unless that Member has exposed me to a clear and present danger of substantive evil. I acknowledge that the Members of the Association do not carry malpractice insurance.

Terms and Conditions

I enter into this agreement of my own free will or on behalf of my dependent without any pressure or promise of cure. I affirm that I do not represent any State or Federal agency whose purpose is to regulate and approve products. I have read and understood this document, and my questions have been answered fully to my satisfaction. I understand that I can withdraw from this agreement and terminate my membership in this association at any time. These pages and Article I of the articles of association of the Association consist of the entire agreement for my membership in the Association and they supersede any previous agreement.

I agree to pay to per the Fee Schedule of the Association. I enclose the sum of \$10.00 as consideration for my one-time lifetime membership contract, said term beginning with the date of the signing of this contract, and hereby certify, attest and warrant that I have carefully read the above information about The Club at CamClinic Application for Membership.

Dispute Resolution: As set forth above, all complaints or grievances made by Members against Members and/or the Association ("Parties") shall be settled by an Association Committee. Should the Association Committee be unable to resolve the complaint or grievance, then the complaint or grievance shall, at the written request of either Member/Association, be submitted to arbitration. The Parties shall jointly select an arbitrator within thirty (30) days of such written election. In the event that the Parties fail to agree on a single arbitrator within such period, the dispute shall be resolved by a panel of arbitrators, with each Party selecting one arbitrator, and the two initial arbitrators selecting a third arbitrator. In the event that any Party fails to appoint an arbitrator within ten (10) days of the request of the other, or the arbitrators appointed by the Parties fail to appoint a third arbitrator within ten (10) days of the latest date of appointment of either of them, either Party may request that the American Arbitration Association appoint the necessary arbitrator or arbitrators. An arbitration award shall be made within thirty (30) days of the arbitration proceeding and shall be binding and conclusive. All expenses and attorneys' fees of arbitrating the dispute shall be awarded to the prevailing party in the arbitration proceeding and borne by the non-prevailing party.

Waiver: The terms of this Contract may be waived only in writing signed by the Party waiving compliance. The Association may enforce any provision of this Contract at any time even if the Association has not previously required a member or Members to perform all their obligations under this Contract. The Association's waiver of any of its rights arising from any breach of this Contract by member(s) shall not be considered as a waiver of any right arising from any subsequent breach.

Reformation and Severability. If any provision of this Contract shall for any reason be held to be invalid or unenforceable by a court of competent jurisdiction, such decision shall not affect, impair or invalidate the remainder of this Contract but shall be confined in its operation to the provision of this Contract directly involved in the controversy in which the decision was rendered. The invalid or unenforceable provision shall be reformed so that each Party shall have the obligation to perform reasonably in the alternative to give the other Party the benefit of its bargain. In the event the invalid or unenforceable

provision cannot be reformed, the remaining provisions of this Contract shall be given full effect, and the invalid or unenforceable provision shall be deemed stricken.

Modification: No changes, modifications or amendments of any term shall be valid unless agreed upon by the Parties in writing. Any agreement between the Parties purporting to amend a term or condition of this Contract shall, to be effective, specifically identify that term or condition's Paragraph number, and shall include the Parties' specific intent to amend that term or condition.

Choice of Law: This Agreement shall be construed in accordance with the laws of North Carolina without giving effect to the North Carolina conflict of law provisions. The Parties further agree that the location and jurisdiction for any dispute arising under this Agreement shall be proper only in any federal or state court located only in New Hanover County, North Carolina.

Entire Agreement: This Contract constitutes the entire agreement between the Member and Association relating to the subject matter hereof. The Parties shall not be bound by or liable for any statement, writing, representation, promise, inducement or understanding not set forth herein or in an Exhibit hereto.

Voluntary Signature: The Parties represent that each has carefully read this Contract, that they know and understand the contents and consequences thereof, and that they have signed this Contract voluntarily and with informed consent.

I hereby agree to the Membership Contract on this ____ day of _____ month of _____ year of.

Member's Name _____ (print)

Member's Signature _____

Legal guardian signature if Member is less than 18 years old _____

Member's address: _____

City _____ State _____ Zip code _____

Phone: Home _____ Work _____ Cell _____

Email _____

Emergency Contact _____ Telephone _____

The Club at CamClinic
New Patient Intake Form

today's date: _____

Name:	SS#	Birthdate: / /
	Marital Status:	Age:
Address:	<input type="checkbox"/> M <input type="checkbox"/> F	Ht. Wt.
Home Phone:	Work Phone:	Occupation:
Cell phone:	email:	
Emergency Contact - Name and Phone:		
Email address:		
Allergies (medication, food, etc.)		
Referred by/How did you hear about us?:		
Reason for visit today?		
How long have you had this condition?		
Is it getting worse?	Does it bother your: <input type="checkbox"/> Sleep <input type="checkbox"/> Work <input type="checkbox"/> other What?	
What seemed to be the initial cause?		
What seems to make it better?		
What seems to make it worse?		
Are you under the care of a physician now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what?		
Who is your physician?	Phone:	
What treatments are you getting for this condition? (physical therapy, massage, yoga, aromotherapy, etc.)		
Current Medications:		
Current Nutritional or Herbal supplements:		

Family Medical History:

- Heart disease Diabetes Cancer High Blood Pressure
 Stroke Asthma Seizures Alcoholism

Your Past Medical History

- AIDS/HIV Diabetes Multiple sclerosis Thyroid
 Alcoholism Emphysema Mumps TB
 Allergies Epilepsy Pacemaker Typhoid fever
 Appendicitis Goiter Pneumonia Ulcers
 Asthma Heart Disease Seizures _____
 Cancer Hepatitis Stroke _____
 Chicken Pox High Blood Pressure _____ _____

List any hospitalizations you have had during the past 5 years: _____

Surgeries: (list) _____

Your Diet

Appetite: Low Coffee Soft Drinks Sugar Artificial Sweetener
 Normal Tea Salty Food Stevia
 High Thirst for water: #glass/day _____

Average daily menu:

Morning _____ Snack _____
 Snack _____ Evening _____
 Noon _____ Snack _____

 Digestive enzymes. Brand _____

I have trouble eating: milk dairy gluten meat shrimp soy salad
 Other: _____

Has your digestion changed in the last six months? yes no

If yes, how? _____

Your Lifestyle

Alcohol Marijuana Stress Tobacco Drugs Occupational Hazards
 Exposure to chemicals Exposure to mold

Regular Exercise: Type: _____ How Often _____

General Symptoms

Poor appetite Poor sleep Body feels heavy Chills
 Excess appetite Sleep too much Cold hands/feet Night sweats
 Strongly like cold drinks Dream disturbed sleep Poor circulation Sweat easily
 Strongly like hot drinks Fatigue Shortness of breath Muscle cramps
 Recent weight loss/gain Lack of strength Fever Vertigo or dizziness
 Bleed or bruise easily Peculiar tastes (describe) _____

Head, Eyes, Ears, Nose, Throat

Glasses Night blindness Sores on lips/tongue Recurrent sore throat
 Headaches Glaucoma Dry mouth Swollen glands
 Red eyes Cataracts Excessive saliva Lumps in throat
 Itchy eyes Teeth problems Sinus problems Enlarged thyroid
 Spots in eyes Grinding teeth Excessive phlegm Nose bleeds
 Poor vision TMJ Color of phlegm _____ Ringing in ears
 Blurred vision Facial pain _____ Poor hearing
 Dry eyes Gum problems Other: _____
 I am sensitive to smells. Type _____ I am sensitive to chemicals _____
 I have been exposed to chemicals, fertilizers, paints, hair dye, other: _____
 I am sensitive to mold I have mold in my house

Respiratory

Difficulty breathing Tight chest Cough Color of phlegm _____
 when lying down Asthma/wheezing Wet or Dry? _____
 Shortness of breath Pneumonia Thick or Thin? _____ Cough blood

Cardiovascular

High blood pressure Low blood pressure Chest pain Palpitations
 Phlebitis Blood clots Fainting Difficult breathing
 Irregular heart beat Are you taking blood thinners or aspirin? Yes No

Gastrointestinal

Nausea Diarrhea Intestinal pain or cramping Bowel Movements
 Vomiting Constipation Itchy anus Frequency _____
 Acid regurgitation Use laxatives Burning anus Color _____

- Gas
- Hiccups
- Bloating
- Bad breath

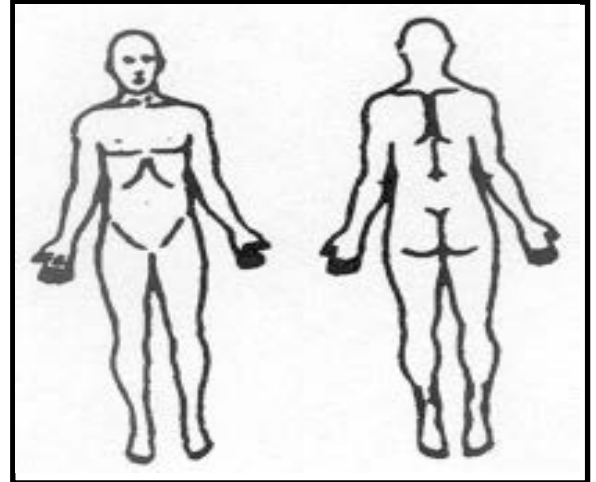
- Black stools
- Bloody stools
- Mucus in stools

- Rectal pain
- Hemorrhoids
- Anal fissures

Formed or loose _____
 Strong odor: Yes No

Musculoskeletal

- Neck/Shoulder Pain
- Muscle pain
- Limited range of movement
- Upper back pain
- Low back pain
- Sciatica
- Numbness
- Joint pain
- Rib pain
- Paralysis



Mark areas of pain on the diagram

Skin and Hair

- Rashes
- Hives
- Ulcerations
- Eczema
- Psoriasis
- Acne
- Dandruff
- Itching
- Hair loss
- Change in hair/skin texture
- Fungal infections

Other hair or skin problems: _____

Neuropsychological

- Seizures
- Depression
- Tics
- Poor memory
- Easily stressed
- Abuse survivor
- Irritability
- Anxiety
- Considered or attempted suicide
- Seeing a therapist

Other: _____

Genitourinary

- Pain on urination
- Frequent urination
- Urgent urination
- Kidney stone
- Blood in urine
- Unable to hold urine
- Incomplete urination
- Venereal disease
- Bedwetting
- Wake to urinate
- Increased libido
- Decreased libido
- Impotence
- Premature ejaculation
- Testicular self exam

Gynecology

Age menses began _____ Duration of Flow _____

 Length of cycle _____ Irregular periods _____
 _____ Painful periods _____
 Date last period began _____ Clots _____
 _____ PMS _____
 Age of menopause _____ Vaginal discharge color _____
 _____ Vaginal sores _____
 _____ Vaginal odors _____
 _____ Breast self exam _____
 _____ Date of last PAP exam _____

Other issues:
