

 **09hr_SC-PHSILTCJC_sb0115_pt06**



Details: Testimonials/Improvement Reports

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Public Health, Senior Issues, Long-Term Care, and Job Creation (SC-PHSILTCJC)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Waiver

Due to the extenuating circumstances, we ask for your permission to use your health testimonial for the purpose of protecting your right to seek natural health care. Your signature gives us permission to possibly present your testimonial during the upcoming hearing on SB 115 in Madison on September 17th.

I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Doreen S. Soderquist
Witness: Michelle M. Bell
Date: 9/14/09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. If this is the case, please note below.

Name of Client: _____
Date of Verbal Consent: _____
Name of Clinical Staff Member that Accepted Verbal
Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

- trouble Concentrating
- Lack of mental clarity
- Extreme Fatigue
- Emotions like depression w/ ^{logical} no justification of life events / triggers

2. How is it now?

- Energetic
- Complete mental clarity
- Emotional Stability
- Positive Outlook

Name: Darlene Soderquist

Date: 9-11-09

This information is for our files only. If you wish to help us educate others about our services, please sign below.

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Testimonial Book that remains in our office at all times.

Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Darlene S. Soderquist

Waiver

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Christine A. Fries

Witness: _____

Date: 9-12-09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. If this is the case, please note below.

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Date of Verbal Consent: _____

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IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

I was exhausted all the time. I had night sweats so severe I had to sleep on a towel and change the towel 4-5 times a night. I was weak, nervous and felt like I was going to die - had no energy and was "groggy" headed. I had head-aches frequently.

2. How is it now?

I feel at least 60-75% better (in just 3 weeks) I have more energy and am almost free of night sweats. My head feels clearer and I can think clearer. I get no headaches and I feel better in general.

Name: C. J.

Date: 8-24-09

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Sign: _____

TESTIMONIAL
Improvement Report
9/13/2009

SB 115?

I have been seeing Martin Johnson, Naturopathic Practitioner, on a regular basis since February 2009. Following is a description of symptoms I was experiencing along with steps I took to find out the cause behind the symptoms. Since seeing Martin Johnson as part of my health care, I have made remarkable improvement and would be devastated if my choice to see a Naturopathic Practitioner was taken away from me.

Symptoms that worsened over a 3-year period prior to seeing Martin Johnson:

- Numbness in my head, neck and left arm especially after laying down
- Difficulty sleeping
- Cramping in my left leg and both feet/toes
- Extreme pain in neck and shoulders that actually worsened during the day to a point that made it sometimes difficult to hold my head up.
- Extreme fatigue that eventually made it difficult for me to attend my children's events at night.
- Pain in my joints that felt like bone rubbing on bone in my hips. I couldn't dance anymore without a lot of pain. It was difficult getting up in the morning and just walking to the bathroom. I would have to stretch and do exercises in bed just to relieve some pain before standing in the morning. I eventually got rid of my heeled shoes because the balls of my feet were in pain when I stood in them.
- Continual weight gain. Eventually grew 3-4 sizes larger no matter how little I would eat, how well I would eat or how much I exercised when I could tolerate it.

I had been explaining my symptoms to my gynecologist thinking that I was heading into menopause a little sooner than expected. By the third year, she found an enlarged thyroid and I finally felt that there would be some answers. I then went to an endocrinologist. He did an ultrasound and confirmed the enlarged thyroid, but my blood tests indicated that my body was compensating for it since the results fell within a normal range. He told me that this happens to many women and that I shouldn't worry. Then he stated that within 5 years I would probably get worse and they could do something then.

I then went to a general practitioner that ran 9-10 blood tests for several different autoimmune diseases. All results came back within normal ranges except for the rheumatoid. That was twice the norm. However, I was told that the score was not high enough and a rheumatologist wouldn't want to see me.

I felt like I was 80 years old and my real age was 44. I couldn't imagine how I'd feel in 5 years. I was to be either diagnosed with depression or fibromyalgia. I knew I wasn't depressed. I was referred to Martin Johnson at Total Health Natural Medicine Clinic. I had already changed my diet for the past 10 years to a vegetarian diet and I felt I was eating very healthy. I didn't think that I could eat much healthier, but with no answers from the blood tests I had taken, I decided I had nothing to lose in trying the clinic.

Improvements since February 2009

After my initial visit to Total Health Natural Medicine Clinic, it was found that I was sensitive to wheat, soy, and eggs. Because I was a vegetarian, I was mostly eating these foods in my diet everyday. This may have seemed like a healthy way of eating, but it wasn't right for my body. Once I changed my eating habits, reduced the sugar in my diet, and began taking daily supplements needed for my body, I improved rapidly. Within 3-4 months, the following improvements were seen:

- Loss of 10+ pounds and less bloated feeling.
- No pain in any of my joints. I'm tap dancing again and exercising with no pain. I even wear heels more often.
- Increased energy levels. I can go to evening events and meetings again without extreme fatigue.
- No numbness or cramping of any kind.
- No pain in my neck or shoulders. I can hold my head up all day and night with no pain.
- I sleep through the night.
- My gynecologist still detected the large thyroid, but my blood work remains within normal limits.
- I am back to my average size and feel my age.

I truly believe that without Martin Johnson's help, my health would have rapidly deteriorated. My fear was that within 5 years, the doctors would have discovered more and told me that I was too far along to help me.

I feel empowered that I had a choice in my healthcare and that I could be proactive in helping myself. I am very grateful to the work of Martin Johnson and his team at Total Health Natural Medicine Clinic. I have my health back which has given me my life back.

I want to continue to have the choice of working closely with both my natural practitioner and my medical doctors in order to proactively maintain my good health. I ask that our State Representatives would vote to allow me and other citizens to continue to have choices in our healthcare that would include natural practitioners.

Respectfully Submitted,


Connie Hurley-Pronley

From: eileenk <eileenk0038@sbcglobal.net>
To: Kristine@totalhealthinc.com
Date: 09/14/2009 12:44 PM
Subject: authorization to use my success story

I, Eileen Koefler, authorize Total Health Natural Medicine Clinic to present my success improvement report during the hearing SB115 in Madison, WI. on September 17, 2009.

Sincerely,

Eileen Koefler
602 Shepherds drive, Unit 2
West Bend WI. 53090
262-334-7483

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

From age 28 until 58, I had been sick & miserable. My stomach bloated all the time like a woman who was 9 months pregnant. I felt ill on everything I ate, and was loudly constipated. I had back pain all over. Some days I could not sleep on a healing pad. I had seen several doctors over the years - they treated symptoms only.

2. How is it now?

I came to Total Health in July 09, & Marty Johnson found severe food allergies. Within two days I was off of all stomach medication & could eat once again. My constipation was gone, and my back pain disappeared within a week. Because of his help, I am happier & feel younger than I have in years! Thank you Marty & all the help at Total Health!

Name: Eileen Keefe

Date: 8-25-09

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I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my Success/Improvement Report in the following manner:

- Testimonial Book that remains in our office at all times.
- Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Eileen Keefe

Improvement Report

Regarding your improvement

1. What was it like before you came in to see us?

Before I came to see Dr. Johnson I was miserable. I was stuffy and congested had shortness of breath, my eyes burned and itched, I was tired all the time. I felt my allergies were getting worse. I was also bloated, constipated, headaches, muscle aches and stiffness. I ate wrong and had too much sugar.

How is it now?

Dr. Johnson helped me with new eating habits and supplements. I felt so much better. In two weeks I could breathe better, my eyes felt 100% better. I was not bloated and constipated. No muscle aches and stiffness.

Dr. Johnson helped me improve my health and feel so much better.

This information is for our files and to help us educate others about what we do.

Name Sandie Halverson Date 9-14-09

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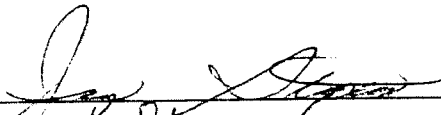

Sign Sandie Halverson

Witness Judi Gene

Waiver

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: 
Witness: 
Date: 9-14-09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. Please e-mail your testimonial to: kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal
Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

I was going thru a depression and very low on energy
Since coming to Total Health Clinic I have been helped
with my health in great measure & have increased energy
and by taking natural food supplements, the organs in my
body are functioning much better and the quality of my
life has improved greatly

2. How is it now?

I feel much better now than before!
Thanks to natural nutrition!
Thanks to the gentle care I received thru
this clinic!
I am 73 years old & still going strong!
Thanks to the Lord and this health
clinic!

Name: Jan Staples

Date: 9.14.09

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Testimonial Book that remains in our office at all times.

Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Jan Staples

From: McCormick <knamac@att.net>
To: kristine@totalhealthinc.com
Date: 09/14/2009 03:53 PM
Subject: authorization/hearing

I authorize the use of my testimonial by Total Health at any hearing concerning SB115.

Ann McCormick
3915 S. Cavendish Rd.
New Berlin, WI 53151
262-827-9167

Improvement Report

Regarding your improvement

1. What was it like before you came in to see us?

I was tired and irritable much of the time. I had no energy to exercise and little energy to perform everyday household tasks. Just as if I needed caffeine in the afternoon to get me through the rest of the day.

How is it now?

I seem to have unlimited energy! Sometimes I can't believe how much I've accomplished in one day. I rarely feel the need to sit down. I am so much happier and I feel great! Thanks everyone at Total Health!

This information is for our files and to help us educate others about what we do.

Name Ann McCormick Date 8-5-09

I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my success/improvement report in the following manner:

- Success story book that remains in our office at all times.
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Sign

Ann McCormick

Witness _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Prior to coming to total health, I barely had enough energy to get through the day. I had constant headaches, terrible fatigue, stomach problems, and disrupted sleep. I felt my life was barely worth living and often prayed that God should just let me die if there was no help for my health. God did not let me die, but I felt I was divinely led to the clinic of Dr. Martin Johnson.

2. How is it now?

The improvement in my health has been tremendous. Dr. Johnson was able to determine that I have dietary sensitivities that were causing the majority of my fatigue. After taking sugar, milk products, and grains out of my diet, my energy doubled. Dr. Johnson was also able to determine I had mercury toxic levels from dental amalgam fillings and also high levels of lead. I am improving daily and I'm grateful he

Name: Laura Kirchner

Date: 9/14/09

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was willing to help when other doctors turned me away.

I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my Success/Improvement Report in the following manner:

I would recommend Naturopathic medicine to anyone who needs help with their health.

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Sign: Laura A. Kirchner

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Signature: Lionel Schmidt
Witness: Judi Ferre
Date: 9-15-09

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kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal
Consent: _____

Improvement Report

Regarding your improvement

1. What was it like before you came in to see us?

I was struggling with my digestion (constipation) (hemorrhoids) and (bloating). Another issue that I wanted to discuss was an increased feeling of my thyroid. A blood test that my doctor came showed no abnormality but I could feel that my thyroid gland didn't feel normal.

How is it now?

I feel very good. My digestion has increased tremendously, and I know now that I shouldn't eat wheat products! The bloating is gone 100%. Bowel movements have increased and I have lost 5 pounds. My thyroid feels normal and my family who didn't see me in 1 year said that I looked better and healthier. I feel much better!

This information is for our files and to help us educate others about what we do.

Name Leonore Schmidt Date 9-14-09

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Sign Leonore Schmidt

Witness _____

Waiver

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Signature: _____

Witness: _____

Date: _____

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kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: Nancy Skwark

Date of Verbal Consent: 9/15/09

Name of Clinical Staff Member that Accepted Verbal

Consent: NIKI BELL, MANDA JOHNSON

Waiver

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Signature: Christopher L Sodders
Witness: L. Stein
Date: 9-15-09

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Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal

Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

I had headaches, Really High Blood Pressure, Depression, Back Pain, Thyroid Problems, + Digestive Problems, Heart palpitations.

2. How is it now?

I feel great. The Depression is completely gone. My Thyroid is almost healed. The Blood Pressure came down 50 points. Back + headaches are minimal + Digestive Problems are solved to a point that I can digest my food properly; no more Heart palpitations.

Name: Chris Sodders

Date: 15 Sept 09

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Sign: Christopher L Sodders

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Signature: PK Martin
Witness: Judi Fene
Date: 9-15-09

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Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal

Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

I was chronically sick with infections (upper respiratory), stomach discomfort, very low energy and ability to focus. My quality of life was greatly diminished.

I spent years and thousands of dollars searching for the cause in the traditional medical model, that system failed to assist me, they all failed to identify the cause or the cure.

2. How is it now?

Dr. Marty Johnson has been a tremendous source of health and education. His work has dramatically improved my overall well being.

Dr. Marty quickly identified the cause and guided me thru nutritional education and supplements to better overall health.

I am extremely grateful for the skill and ability Dr. Marty shares with his patients.

Name: Patty Martin

Date: 9-15-09

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Sign: Patty Martin

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Signature: _____

Witness: _____

Date: _____

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Name of Client: Marliss Steiner

Date of Verbal Consent: 9/15/09

Name of Clinical Staff Member that Accepted Verbal Consent: Judi Fere / KS - K. Steinh

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Our grandson had addiction to prescription drugs for 6 years. He tried to kick the habit on his own, but could not. A clinic had him attend the 12 step program & prescribed Suboxone, but soon was addicted to this drug that was to help him. He felt ashamed, had chest pains, could not concentrate, anxiety, insomnia, short memory & the list went on on. Out of state doctor writes these recom- mended with thousands of dollars in cost & the loss of his job. After an overdose, our chiropractor recommended Dr. Johnson at Total Health Care in Menomonee Falls, WI

2. How is it now?

We could see the healing process after 1 1/2 weeks! His body is still in repair state, but the withdrawal symptoms have been eliminated, eating habits improved 100% & no longer needs up to 5 cans of soda & a ton of sugar! Back, leg & chest pains are gone & concentration is better. This treatment saved his life & we would recommend this natural approach to anyone who has an addiction to opiates (prescription drugs) Best of all it is right in our own community! There should be clinics such as this for people who want help without more prescription drugs to get addicted to!

Remember --- the next opiate pill could be your last!!

NAME: Grandparents who care - Phone # Available upon request Date: 9-10-09
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- God Bless you DR. Marty Johnson for All your help
Sign: Mr. & Mrs. Ken Steiner

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Signature: DeWay Graham
Witness: Judi Fiese
Date: Sept. 15/09

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Name of Clinical Staff Member that Accepted Verbal
Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Before I came to Total Health, my body was very taxed and exhausted. My adrenal + thyroid glands ~~both~~ were exhausted as well as other areas of my body. I had trouble with acne and my digestion struggled. My muscle mass had decreased as well.

2. How is it now?

Since coming to Total Health, I have seen significant improvement in the strength of vital organs. My adrenal glands + thyroid now show perfect 10 strength when tested rather than the 0 level strength they showed when tested 2 months ago. My muscle mass has increased and so has my energy. Thank You, Total Health I finally have found some answers after trying several other medical routes.

Name:

D'Way Graham

Date:

Sept. 15, 09

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Sign:

D'Way Graham

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Sandra L. Dunbar
Witness: Manda J. Jones
Date: 9-15-09

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Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal
Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Very tired & was unaware of what was causing me to feel this way in spite of all of supplements I was taking.

2. How is it now?

Because of the thoroughness of testing the "why" I ~~was~~ have so much more energy because I am taking the supplements I need & in the correct amounts I should be taking. All of this - feeling great & healthy & not worrying about a medication regimen. My body could ^{handle} pharmaceuticals.

Name: Andrea Danko

Date: 9-15-09

Chemist

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Sign:

Andrea L. Danko

Waiver

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Signature: Sharon J Gaskow
Witness: Judi Fiske
Date: 09-15-2009

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Name of Clinical Staff Member that Accepted Verbal
Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Very fatigued with general malaise. Post op from
Mitral valve replacement and other surgery

2. How is it now?

I am feeling full of energy, no aches & pains, enjoying
good health

Name: Sharon Jaskowiak

Date: 09/15/2009

This information is for our files only. If you wish to help us educate others about our services, please sign below.

I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my Success/Improvement Report in the following manner:

Testimonial Book that remains in our office at all times.

Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Sharon Jaskowiak

Waiver

Due to the extenuating circumstances, we ask for your permission to use your health testimonial for the purpose of protecting your right to seek natural health care. Your signature gives us permission to possibly present your testimonial during the upcoming hearing on SB 115 in Madison on September 17th.

I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Bonnie Hagen
Witness: R. Stein
Date: 9-15-09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. Please e-mail your testimonial to: kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal
Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Being from doctors, spending lots of money, and expensive tests and getting nowhere!

I have had emotional problems for a long time and I really need someone to spend time with me and try to get to the bottom of my problems and Dr. Marty always had time for me and would always return my calls.

2. How is it now?

Some improvements, I really need to understand my emotional issues and learn how to cope down and deal with the stresses of life. Dr. Marty was always understanding and very patient and considerate.

I also like the fact that I'm able to choose for myself what I want to do, what alternate health care I want to try!

Name: Bonnie Hagen Date: _____

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I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my Success/Improvement Report in the following manner:

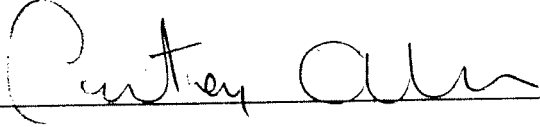
- Testimonial Book that remains in our office at all times.
- Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Bonnie Hagen

Waiver

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: 
Witness: _____
Date: 9/15/09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. Please e-mail your testimonial to: kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal

Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

Before I saw Marty, I was diagnosed with
~~some~~ Asthma, Acid Reflux, Stress Related issues

2. How is it now?

Now my Asthma is under control, I have no symptoms
~~with~~ Acid Reflux, My stress level is normal. I have
recommended Marty to at least 10-15 of my
friends & families. I was even encouraged by
my physician to ~~continue~~ continue to ^{see} Marty
while he's monitoring my health progress.

Name: Country Allen

Date: 9/15/09

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Testimonial Book that remains in our office at all times.

Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Country Allen

Waiver

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Laura Kirchner
Witness: [Signature]
Date: 9-15-09

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Name of Client: Laura Kirchner
Date of Verbal Consent: 9/15/09
Name of Clinical Staff Member that Accepted Verbal Consent: _____

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

I cried at two yearly exams in a row. I felt pushed and rushed. I had been on hormone replacement that was not safe. I felt procedures I didn't need were pushed and my insurance deductible was very high. I did not want to go to my doctor and go every 18 months to 2 years.

2. How is it now?

People at Total Health listen and help. The supplements I take help me and they are safe unlike many prescriptions. I am happy to have the choice of coming here and my doctor. Before supplements are given careful attention is given to the person. I am sure all have helped to make me healthier and more relaxed. There are a number of services here that help me.

Name: Carol S. Brodeske

Date: 9-15-09

This information is for our files only. If you wish to help us educate others about our services, please sign below.

I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my Success/Improvement Report in the following manner:

Testimonial Book that remains in our office at all times.

Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: Carol S. Brodeske

you have my permission to use this in regards to Senate Bill 115,

IMPROVEMENT REPORT

Regarding your improvement:

1. What was it like before you came to see us?

I was at the doctor's office for a long time and I was not getting any help from the doctor's office.

2. How is it now?

I think it's great that I have a place to go to get help. I was able to get help from the doctor's office and I was able to get help from the doctor's office.

Answer with this in regard to the doctor's office.

Name: [Signature] Date: 7/15/09

This information is for our files only. If you wish to help us educate others about our services, please sign below.

I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my Success/Improvement Report in the following manner:

- Testimonial Book that remains in our office at all times.
- Any promotional mailing by THNMC to help THNMC make its services broadly known.

Sign: [Signature]

Waiver

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Sandra Halverson
Witness: Judi Jure
Date: 9-16-09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. Please e-mail your testimonial to:

kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal
Consent: _____

Improvement Report

Regarding your improvement

1. What was it like before you came in to see us?

I had hives on my face and lips everyday
I was taking Benadril and sleeping all the
time from the medication. My allergist could
only suggest the Benadril and avoiding certain
foods I continued to have hives daily.
My digestion has been a problem for 20 years.
I had horrible pains from gas daily. I
took so much aspirin to control the pain
that I started bleeding in my stool. I had
a colonoscopy that revealed my colon was
normal and that I had irritable bowel
syndrome. The doctor offered some diet
advice - it didn't help much. I continued to
have gas and pain.

How is it now?

My hives are under control with the
wonderful standard process products that
Dr. Marty recommended. My digestion is
the best that it has been in 20 years.
I rarely have gas or pain now. Dr. Marty
has really helped me with my poor
digestion. The supplements and diet he
put me on have helped my digestion
so much.

This information is for our files and to help us educate others about what we do.

Name Nancy Stewart Date 4-10-09

I authorize Total Health Natural Medicine Clinic (THNMC) to utilize my
success/improvement report in the following manner:

- Success story book that remains in our office at all times.
- Any promotional material done by THNMC to help THNMC make it's service broadly known.

Sign Nancy Stewart

Witness _____

Waiver

Due to the extenuating circumstances, we ask for your permission to use your health testimonial for the purpose of protecting your right to seek natural health care. Your signature gives us permission to possibly present your testimonial during the upcoming hearing on SB 115 in Madison on September 17th.

I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Virginia Zimmerman
Witness: 9-16-09 Judi Fene
Date: 9-16-09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. Please e-mail your testimonial to:

kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal

Consent: _____

I am so glad I found Total Health
I have a heart problem & it skipped
beats, and I felt tired all the time.
Had trouble walking and became short
of breath. After 1 month of supplements I
had no more skipping beats. Can
walk much better. Can do all my own
work in our home and do not become
tired. At 84 I thank Total Health Care

Virginia Zimmerman

Waiver

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I authorize Total Health Natural Medicine Clinic (THNMC) to present my Success/Improvement Report during the hearing on SB 115 in Madison on September 17th.

Signature: Barlene Collins
Witness: Judi Hese
Date: 9-16-09

If it is impossible for you to come in and provide us with a signature, we would be able to accept a verbal consent via telephone or receive an e-mail giving us permission to present your testimonial during the hearing on SB 115 in Madison on September 17th. Please e-mail your testimonial to:

kristine@totalhealthinc.com. Or if this is a verbal consent, please note below.

Name of Client: _____

Date of Verbal Consent: _____

Name of Clinical Staff Member that Accepted Verbal

Consent: _____

9-16-09

I've been seeing Marty since the end of Feb. 2009. He's helped me tremendously with my health issues. I have no more bloating, fatigue, brain fog, constipation + my digestive system is back to functioning like it should.

I've felt the best I ever felt in years! I will be 57 next week and I feel 20 yrs. younger. I've been to doctors etc. with these health issues I've been having for years + nothing ever seem to really help until I was referred to Marty, + that's when I finally got results. Food supplements that are individualize for your health problems. I prefer taking these supplements to prescription drugs with side effects.

I'm sure you, yourself or any of your family members + loved ones would take this route to be healed, than prescription drugs with side effects. There should be more doctors getting into this prescribing food supplements + testing for each individual needs of health issues, instead of being treated like a cookie cutter type.

They too could benefit from this all.
It would be a happy, healthier world.

Sincerely,

Balene Collins