

Today's Date: \_\_\_/\_\_\_/\_\_\_

Your Name: \_\_\_\_\_ Name your prefer to be called: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Sex: \_\_\_ M \_\_\_ F Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Widowed Birthdate: \_\_\_/\_\_\_/\_\_\_  
E-Mail: \_\_\_\_\_

Best Place to reach you:  Home  Work  Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ AM PM ANYTIME

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Children's Names and ages (if applicable): \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who is your primary care doctor? \_\_\_\_\_

(Please list name and facility)

May we contact him or her about your care? Y N Were you referred by him or her? Y or N

Do you have any current laboratory results? Y N **If yes, please bring a copy when you turn in your paperwork.**

How did you hear about us? \_\_\_\_\_

### *Welcome!*

We look forward to helping you on a nutritional level. It is very different from today's common medical approach. We will work to more clearly identify and overcome the cause of ill health, and then improve total body function naturally by nourishing, balancing and revitalizing the whole individual. It is powerful, effective, and rewards you with improved health and function that is long lasting!

### *Get Maximum Benefit From Your Appointment*

Our consultation time with you is important! We analyze your personal and family health history, appropriate test results, current lifestyle and state of health, and clarify your health goals. We then guide you through a comprehensive, highly personalized, step-by-step program to achieve those goals. You can **get maximum benefit from the time reserved for your consultation by being prepared!**

### *How To Prepare*

Pick up your packet of paperwork that is to be completed. We require a deposit of \$37.50 at the time of picking up your packet. **Once finished**, bring your completed paperwork to the clinic and **then** set up your first appointment. You will be required to have completed a 7 day food diary and a bowel transit time test.

Your first appointment will be 40 minutes in length. We require the remaining \$37.50 to be paid at this visit. Your second report of findings visit will be 20 minutes in length. There will be no additional cost for the second visit. **Any subsequent visits will be charged by the minute (\$1.50/minute)**. Cost of any supplements will be an additional fee.

We will not bill your insurance company for nutritional services, as they are not covered by a chiropractor.

Cancellation made at least 24 hours in advance allows us to accommodate others.

We thank you in advance for your cooperation.