

**NATUROPHORIA PRELIMINARY CONSULTATION & INFORMED CONSENT**

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Referred By \_\_\_\_\_

Dermatologist \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medications and Surgeries

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Drug Allergies & Reaction Experienced:

\_\_\_\_\_

Current Health Problems / Issues:

\_\_\_\_\_

Do You Currently See a Medical Doctor for Any Reason? \_\_\_Y\_\_\_N

Reason: \_\_\_\_\_

Where were you born? \_\_\_\_\_ Do you have pets? \_\_\_Y\_\_\_N Kind? \_\_\_\_\_

Have you lived in a foreign country? Y\_\_\_N\_\_\_ Where? \_\_\_\_\_ How Long? \_\_\_\_\_

Childhood allergies? \_\_\_Y\_\_\_N Which: \_\_\_\_\_

Parents Health Problems: \_\_\_\_\_

Grandparents Health Problems: \_\_\_\_\_

Siblings Health Problems: \_\_\_\_\_

Any other health concerns? \_\_\_\_\_

What are your skin concerns? \_\_\_\_\_

Describe Your Typical Intake For:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

Food Cravings: \_\_\_\_\_

Food Aversions: \_\_\_\_\_

How many glasses of water do you drink per day? \_\_\_\_ tap water well water bottled water

Height \_\_\_\_\_ Weight \_\_\_\_\_ Size \_\_\_\_\_ Daily Exercise \_\_\_Y \_\_\_N

What Kind, How Often? \_\_\_\_\_

What Do You Do for Relaxation? \_\_\_\_\_

Supplements / Herbs That You Are Taking :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Energy Level Is: \_\_\_\_\_ Poor \_\_\_\_\_ Average \_\_\_\_\_ Fluctuates \_\_\_\_\_ Excellent

\_\_\_\_\_

What Are Your Health and Wellness Goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all personal care & beauty products that you use and ensure that we receive front and back photos including the ingredient listing of your products prior to your visit \*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to perform a consultation or service we require our INFORMED CONSENT to be Completed and returned to us before your appointment:**

- I fully understand that the attending technician is not a medical doctor and does not portray themselves to be such and is a wellness consultant who is providing information about philosophies regarding skin and nutrition, better health practices and preventative skin care. I may be offered information about supplements, nutrition, and guidelines for good health for educational purposes and does not involve the diagnosing, treatment or prescribing of medications, procedures, or surgery for any disease. **Initials** \_\_\_\_\_
- I acknowledge that N.D.'s are trained specialists who use non – invasive natural protocols and product such as vitamins, minerals, supplements, herbs, and dietary changes to assist in creating a healthy environment in the body. **Initials** \_\_\_\_\_
- Potential signs of physical, nutritional, and other deficiencies or dietary stressors may be discussed today. Information regarding the use of nutritional supplements may be provided to me that may assist in creating balance in the body and my skin wellness may be discussed. This educational information is not intended to be interpreted as a substitute for licensed medical care. **Initials** \_\_\_\_\_
- I fully understand the attending technician performs their services within the parameters of their scope of practice according to their certification and / or degree and that any services or therapies I accept are not considered medical treatment. **Initials** \_\_\_\_\_
- **I understand that I should continue to see any medical doctors I am currently under the care of and that any prescription medications that I am presently taking should not be altered without first consulting the physician who prescribed them.**  
*Your Signature* \_\_\_\_\_
- I have chosen to receive the attending technicians service (s) in good faith exercising my own free will and following the dictates of my conscious which allows me to select what I understand is most beneficial to my health and skin concerns. **Initials** \_\_\_\_\_
- I understand that it may be suggested and advised that in my best interest I may be referred to another practitioner to seek further care or assessment. I further understand that further assessment including various types of testing may assist me in achieving the skin health goals I desire for myself- I have fully sought these tests on my own accord and free will. This includes any traditional lab work or diagnostics. The results of such tests are my personal property, and I have the right to share the information with my technician. **Initials** \_\_\_\_\_
- I fully understand that the services provided by the attending technician may not be considered or recognized by Allopathic (traditional/conventional) doctors. Nothing that is said, done, typed written or reproduced by Naturophoria, Erin Madigan – Fleck or assigned technicians is intended to diagnose, prescribe, treat, or take the place of a licensed physician, and I further understand that my services are not covered by insurance.  
**Initials** \_\_\_\_\_
- I am fully aware of the procedures for the services as they have been explained to me and I understand that these services are considered aesthetic cosmetic enhancement and as such do not claim to change or alter the structure of my skin, nor do these services represent medical care. **Initials** \_\_\_\_\_
- I understand that the recommendations made to me are on my behalf are to assist in the skin care or wellness concerns that I have sought consultation and recommendations for. I further understand that if I choose to deviate or not follow the recommendations provided to me by the practitioner, the general outcome may not prove effective. I also understand that the practice of esthetics and wellness are not a substitute for medical care, and as such - guarantees cannot be foreseen nor made. Any product recommendations, purchases, and use of products from Naturophoria, any treatments or services that I have requested to be performed on me today or on any subsequent visits likewise make no medical claims. **Initials** \_\_\_\_\_

- Clients with questionable medical conditions such as herpes simplex, cold sores, fever blisters, open wounds, healing incisions, or infectious diseases may be declined for treatment. **Initials** \_\_\_\_\_
- I further affirm that I am not acting as an agent for the American Medical Association or any National, State or Local medical association or healing arts group. I further state that I am not an employee of, agent for, or in any way associated with a Foreign, Federal, State or Local Entity and I am acting solely for myself in requesting and taking part in this session or series of sessions. I further affirm that this session will not be used as entrapment for any government association, organization or given individual. **Initials** \_\_\_\_\_
- I affirm that I am not under any circumstances seeking educational information regarding protocols, skills, techniques, or any educational information that I may secure and use for the benefit of financial gain or otherwise for myself or for others who may be considered practitioners of the same or related field. **Initials** \_\_\_\_\_
- With the acceptance of this Informed Consent Agreement, I hereby waive and release myself and my heirs, executors, and administrators, from all claims of any nature whatsoever and do acknowledge that I will use the services provided at my own risk. I understand that I will be given adequate explanations, directions and follow up care regarding all treatments Following my initial consultation. I am of legal age of this jurisdiction. **Initials** \_\_\_\_\_

**My signature below constitutes this agreement to be in effective as of this. Day at my initial visit, and any other subsequent visits to Naturophoria. The signatures affixed below certify this document as legal and binding:**

Client (print name) \_\_\_\_\_

If under the age of 18 – Parents Signature: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_