



832 2nd Ave NW
Hickory, NC 28601
Phone: 828-328-4673

Websites:
www.PowerToThrive.com
www.PowerToThriveRadio.com

GPL Intake and Informed Consent

Complete 1 set per patient. Email to lizashaw@powertothrive.com with subject: "GPL Testing." Failure to follow these directions may result in forms not being received. You will be contacted within 1-2 business days of receipt to arrange for free 30 minute phone consult.

Patient's Name: _____ DOB: _____

Parent's Name (if patient is a minor): _____

Is the patient 18 years or older? Yes No

If no, do you have custody of this patient and medical decision-making rights? Yes No

If no, have you been through a divorce/custody settlement? Yes No

Patient's Address (to send kit): _____

Patient's/Parent's Cell: _____ Email to send results: _____

Please list below, history and reasons you believe that a Great Plains Test might benefit you/your child.
(Use additional paper if necessary)

Please sign below if you understand the following and consent to participating in consultations with Liza Shaw: Liza Shaw is not a Medical doctor, but rather, an Integrative Health Coach and PANS/PANDAS/Lyme Literate Consultant. While Ms. Shaw possesses a great deal of knowledge and experience working with clients who present with these medical conditions, she does not provide medical diagnoses, nor can she prescribe medications. During consultations, Ms. Shaw may provide suggestions or information to clients, however, this is meant to be educational in nature only, and is NOT intended to replace medical treatment from a licensed physician. Consultations with Ms. Shaw may be conditional based upon patient/parent/guardian securing a medical specialist to treat any active infections/medical conditions and may be terminated if patient/parent/guardian is unwilling to seek medical treatment. Parents operating on custody agreements may be required to provide custodial paperwork before Ms. Shaw orders testing for minors. Consultations with Ms. Shaw are also NOT therapy, and she is not acting in the role of therapist when providing these services. Participating in Consultations with Liza Shaw will not guarantee any particular outcome, either expressly or implicitly.

Signature – Patient (or Parent/Guardian)

Signature – additional Parent/Guardian

Print Name

Print Name



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PAYMENT OPTIONS AND OPTIONAL CREDIT CARD AUTHORIZATION FORM

Check this box if you will use Venmo, or Paypal via Facebook Pay. Either of these payment options give you the biggest discount on the cost of the tests (the Mycotox and Organic Acids Test are each \$317. or the combination of the two, \$400.). Our Venmo account is @Liza-Shaw, and the picture on the account is displayed on the right. If you use Paypal via Facebook Pay, you will have all of the buyer protection of Paypal, but with no fees and with the convenience of paying right from the Facebook Messenger app. If you need assistance getting your Paypal account connected to your Facebook Messenger account, please let us know and we can walk you through the process.



Check this box if you want to use your credit/debit/HSA card, via a secure, Square link, for a one-time purchase. This payment option reduces the discount, making the cost of the Mycotox and Organic Acids test each \$326., or the combination of the two \$417. You will receive an email link and your card will not be stored or used for any future purchases without your express permission. If you choose this option, you do not need to complete any other part of this form.

If you prefer to have us keep your card on file, please complete all below fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. You will still receive an email link to make your current purchase for the GPL Tests via a secure, Square link, however, by checking the box below, you also authorize us to store the card number in our system, to be used for any future purchases you may make through us.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover (we do not accept AMEX)	
Cardholder Name: (As shown on card):	
Card Number:	
Expiration Date (mm/yy):	Security Code:
Cardholder ZIP Code (from credit card billing address):	

Please keep this card on file and use whenever a service or product has been purchased. (Insert full name and sign, below)

I, _____, authorize Liza M. Shaw/Marriage and Family Therapy Services, PLLC to charge the above credit/Debit/HSA card above for agreed upon purchases. I understand that my information will be saved, on file, for future transactions on my account until I request for it to be removed from the system.

 Customer Signature

 Date