 **Galaxy Labs Test - Intake and Informed Consent**

832 2nd Ave NW **Websites:**

Hickory, NC 28601 [www.PowerToThrive.com](http://www.PowerToThrive.com)

Phone: 828-328-4673 www.PowerToThriveRadio.com

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 you have been through a divorce and have legal custody of the patient, please provide a copy of the custody paperwork)

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 Galaxy Labs 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. Consultations with Ms. Shaw are also NOT therapy, and Ms. Shaw 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