



Nutrition & Wellness of the Rockies

New Client Information Form

Name: _____ Date _____

Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Email: _____

Would you like to receive our monthly newsletter via email? Yes [☐] No [☐]

Shipping Address (if different from above): _____

Apt: _____ City: _____ State: _____ ZIP: _____

Home Phone (_____) _____-_____ Work/Cell Phone (_____) _____-_____

Contact preference: Text [☐] Call [☐]

Occupation: _____

Employer: _____

DOB: _____ Age: _____ Sex: M F

Height: _____ Weight: _____

Marital Status: Single Married Divorced Widowed

Name of Spouse (*if applicable*): _____

Number of children (*if applicable*): _____



Overall Health: Excellent Good Fair Poor Other:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Allergies to Medication (list medication & type of reaction):

Allergies to Food (list food & type of reaction):

Chief complaint (the reason you are here):

Referred By:

Printed Name: _____

Signature: _____ Date: _____



Authorizations

Page 3 of 6

Authorization for the use of Complementary and Alternative Care

I have been advised that Nutrition & Wellness of the Rockies offers complementary and alternative healthcare services according to "Colorado Natural Health Consumer Protection Act" SB13-215. As such, they are not licensed, certified, or registered by the state as healthcare professionals. Nutrition & Wellness of the Rockies is not affiliated with any naturopathic doctors nor practices any form of naturopathic medicine.

I may be provided any of the following services: functional laboratory testing, vitamin and nutritional supplement recommendations, Pulse Electromagnetic Device Therapy, Applied Kinesiology (muscle testing), Heart Sound Recorder, and diet and lifestyle recommendations. Patricia Dotson's credentials to provide these services include the following:

Registered Nurse - *Trinidad State Jr. College (1997)*

Certified Level 2 NET Practitioner (2020)

Applied Clinical Nutrition (2021)

Certified Functional & Holistic Health Practitioner - *Geata Institute (2021)*

Certified GAPS Practitioner (2021)

Certified Holistic Health Practitioner - *Trinity School of Natural Health (2023)*

Board-Certified Naturopath - *AANWP (2023)*

Board-Certified Functional Health Practitioner - *AANWP (2023)*

In addition to formal credentials, Patricia Dotson has attended numerous seminars and hours of training in health, nutrition, and body therapies.

The information and services provided to me are not intended to be a substitute for obtaining professional medical advice, diagnosis, or treatment. Nutrition & Wellness of the Rockies is not a licensed medical entity, is not affiliated with insurance entities, and does not practice medicine or render medical advice. I'm encouraged to always discuss recommendations made by any complementary and alternative healthcare provider with my primary care physician.

Printed Name: _____

Signature: _____ Date: _____



Authorizations

Page 4 of 6

Authorization for the use of Applied Kinesiology

I specifically authorize the natural health practitioners at Nutrition & Wellness of the Rockies to perform a non-invasive health analysis using Applied Kinesiology. The purpose of this exam is to develop a natural health improvement program for me, which may include dietary modifications, nutritional supplementation, natural body and system cleanses, as well as ongoing education. The purpose of this is to improve my overall health, and not for the purpose of treatment or "cure" of any known or unknown disease.

I understand that Applied Kinesiology is a safe, non-invasive, natural approach for analyzing the body's physical and nutritional needs as well as identifying possible deficiencies or imbalances in areas that could cause or contribute to my various health concerns.

I understand that Applied Kinesiology is not a method for diagnosing or treating any known or unknown disease including conditions such as cancer, diabetes, heart disease, infections, or other medical conditions, and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of Applied Kinesiology or any natural health, nutritional, or dietary program recommended. I understand that Applied Kinesiology is a means by which the body's natural reflexes can be used to aid in determining possible nutritional imbalances so that a safe natural program can be developed for the purpose of bringing about a more optimal state of health.

Printed Name: _____

Signature: _____ Date: _____



Authorizations

Page 5 of 6

Regarding Your Pharmaceutical Medications:

At Nutrition & Wellness of the Rockies, we DO NOT prescribe or “un-prescribe” any pharmaceutical medications. All dosing of your prescription medications must be done through the doctor who prescribed them for you.

Printed Name: _____

Signature:_____ Date:_____

Regarding Insurance Claims:

This office is NOT an approved direct provider to insurance companies. As such, we do not provide a Medical Necessity letter to any insurance companies for reimbursement of services or products. We will provide you with a copy of your file, if needed for reimbursement, for a \$5.00 documentation preparation fee. A copy of your receipt in payment for products and services will be provided to you following each of your visits.

Printed Name: _____

Signature:_____ Date:_____

All above authorizations need to be signed and dated, indicating that you have read and understand each. If a minor, the signature of a parent or guardian is required. These signed authorizations apply to subsequent visits and consultations provided either in person or remotely.



Office Policies

Page 6 of 6

Payments

Payment is due at the time of service. We do not bill insurance. We accept cash, check, credit cards, or ACH debit cards. All debit/credit card transactions carry a processing fee. We prefer cash or check.

Initial _____

Refunds

Refunds are not provided for services already rendered. Products may be returned for refund if unopened and undamaged within 30 days of purchase. Credit card fees are not refunded.

Initial _____

Appointments

Appointments may be canceled or rescheduled with at least 24 hours' notice.

If more than 10 minutes late, the appointment may need to be rescheduled. Please understand that your appointment may be shortened if you are running behind.

Initial _____

We do our best to accommodate everyone's scheduling needs. However, if you are unsure if you can commit to an appointment time, please consider calling on short notice to see if there is availability rather than scheduling in advance. Cancellations, late arrivals, and 'No Show/No Calls' may result in someone else not receiving the care they need at that time.

Printed Name: _____

Signature: _____ Date: _____