
Meet and Greet Consent Form

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Phone #: _____ How did you hear about us? _____

What is your main health concern? _____

The 15 minute Meet and Greet is offered so that potential patients have the opportunity to meet the doctor, learn more about the practice of naturopathic medicine and to decide if establishing care with Naturopathic Medical Specialists is the right choice for them. During the Meet and Greet Visit, medical advice, personal counseling, or treatment of any kind will not be provided. If during the Meet and Greet Visit you decide that you would like to establish care with one of our Naturopathic Medical Specialists, our staff will schedule you for your New Patient appointment.

The New Patient appointment is 90 minutes in length in order to allow ample time for thorough evaluation, assessment, diagnosis and treatment.

New Patient appointments require a \$100 non-refundable deposit to schedule. Failure to provide 48 hour notice for canceling or rescheduling the New Patient appointment will result in loss of the deposit. The deposit will be applied to the cost of the New Patient appointment at the time of service.

Follow up visits also require 48 hour notice for canceling or rescheduling the appointment. Failure to provide 48 hour notice will result in a \$50 fee.

By signing below, I confirm that I am 18 years or older and have read the entire content of the Meet and Greet Visit Consent Form. I understand that no medical advice will be given during the visit and that I will need to schedule a New Patient appointment with Dr. Reimann to establish care.

Signature: _____ Date: _____

I consent to receiving communication via email