

New Member Questionnaire

Name _____

Date _____ Date of Birth _____

Address _____ City _____ State _____

Zip _____

Email _____

Telephone: Cell _____

Home _____

In Case of Emergency, who should we contact?

Name _____ Phone _____

How did you hear about our office? _____

** I clearly understand that all services rendered to me are my responsibility and payment is expected at the time of service.

Members Signature _____ Date _____

If under 18 years of age, parent or guardian's signature

Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."

A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptoms.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. I have read and understand the above:

Signature _____ Date _____