Living bY Nature LLC

Intake Form

CLIENT INFORMATION

Name: ____

Address: ____

City: ______________________________ State: __________ Zip: ______________

Phone Number: ______________________ Email address: ______________________

Birthday: ____________________ Weight: ____________ Height: ____________ Gender: M F

Female patients: Are you pregnant? Yes / No Are you breastfeeding? Yes / No

Major Concerns: ____

____

Prescription Medications: ____

____

Supplements currently taking: (Vitamins/Herbs) ______________________________

____

Family history of illness or disease: ______________________________

____

PAYMENT INFORMATION

Cost of test is $125 for adults, $75 for CHILDREN UNDER THE AGE OF 16.

Re-Tests are free with the purchase of all recommended supplements from prior visit.

Check, Cash and Credit Card are all accepted at the time of service.

If this is a mail in or drop off please include payment.

Credit Card #- ______________________________ EXP ________ CVV_________Type ________

How did you hear about us? ____

Please make sure to read the Disclaimer and Sign as well.