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 FOR NEW CLIENTS OR CLIENTS NOT SEEN IN THE LAST YEAR IS $125 FOR ADULTS, $75 FOR CHILDREN/PETS UNDER THE AGE OF 16.
FOLLOW UP VISITS ARE $35 FOR ADULTS AND $25 FOR CHILDREN/PETS.

How did you hear about us? ____________________

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