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 $50 FOR ADULTS AND $35 FOR CHILDREN/PETS.

How did you hear about us? _____

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