

Dear New Client,

It is very important to have you volunteer some information before you first visit to ensure the session can be as thorough as possible. On the back is a *Health History Questionnaire Form*. Please complete this form thoughtfully and truthfully, as the information is crucial to your wellness consultation. Thank you for putting your time into this preparation. This effort on your behalf will be very helpful, as it gives a deeper insight to your health status. We look forward to meeting you and addressing your health care needs.

Natural Wellness Care Staff,
Bev and Lindsay

Wellness Consultation Waiver

I, in sound frame of mind and in good faith, understand that I am seeking a wellness consultation from this attending wellness consultant who has informed me that she is not an allopathic licensed medical doctor and is not offering me medical opinion. She has informed me fully that she is a registered wellness consultant offering me wellness enhancement ideas. She has informed me that she is a certified biofeedback technician doing stress reduction via a registered medical device. I fully understand that I am not being diagnosed or treated for any disease. I am not being prescribed any drugs, surgery or any other allopathic intervention. I have selected this service by my free informed choice. I am aware of the consultant's qualifications and certifications. I understand that consultant will not discourage me from any protocols other doctors have prescribed. I am simply seeking wellness enhancing suggestions that could improve my present health and future wellness.

Client Financial Agreement

I AGREE TO PAY FOR THE CONSULTATION UPON COMPLETION OF THE SESSION, I AGREE TO PAY FOR THE SUGGESTED REMEDIES EITHER BY "C.O.D." DELIVERY OR, I AGREE TO PAY FOR THESE REMEDIES NOW, IN FULL, UPON RECEIVING THEM. FURTHER, *BARRING EMERGENCIES, I WILL PAY IN FULL FOR ANY MISSED APPOINTMENTS, WHICH ARE NOT CANCELLED 48 HOURS PRIOR TO MY SCHEDULED SESSION.*

CLIENT SIGNATURE _____ DATE _____

Method of payment:

Cash _____

Check # _____

Credit Card Info:

Type _____ Name on card _____

Number _____

Expiration Date _____

Natural Wellness Care

763-458-5133

