

Natural Health Care Centre

DATE: _____

NAME: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE #: _____ BUSINESS #: _____

EMAIL: _____

Are you presently receiving any of the following?

Doctor's care:	YES _____	NO _____
Medication:	YES _____	NO _____
Therapy:	YES _____	NO _____

If yes, nature of the therapy: _____

Main complaint or reason for visit:

Please list medication or vitamins you are presently taking:

I AM AWARE THAT A NATURAL HEALTH CARE PRACTITIONER IS NOT A MEDICAL DOCTOR AND CANNOT DIAGNOSE, PRESCRIBE OR TREAT FOR ANY SPECIFIC PHYSICAL OR MEDICAL TREATMENTS.

NATURAL HEALTH CARE THERAPIES RELEASE TENSION, IMPROVE CIRCULATION, INCREASE ENERGY AND WELLNESS OF THE BODY.

PATIENT SIGNATURE

OFFICE USE ONLY: COMMENTS