

WholeCare Health Consultation
Client Intake Form

Today's Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip code _____

Home phone _____ Email _____

Marital Status _____ Height _____ Weight _____

INFORMED CONSENT:

In engaging in a consultation with Gina Perry, N.D.:

I understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health and this is considered a personal ministry and spiritual counseling.

I fully understand that Gina Perry is not a medical doctor or practitioner and I am not here for medical or diagnostic purposes, or treatment procedures. I am not on this visit or any subsequent visit as an agent for federal, state, or local agencies, or on a mission of entrapment or investigation.

The services performed by Gina Perry of WholeCare Chiropractic are at all times restricted to consultation on the subject of nutritional and lifestyle habits, and do not involve the diagnosing, treatment or prescribing of remedies for disease. I have been advised to seek medical care for such purposes.

I understand that my care will be supervised by Dr. Jack Armstrong, and I give my permission for my records to be reviewed by him.

Client's signature

Date