

[Office name]
[Provider's name and credentials]

Nutrition Patient Questionnaire

Patient# _____ Date _____
Classification _____ SS# _____
Name _____ Date of Birth _____
Address _____ City/State/Zip _____
Email _____
Telephone: Home _____ Work _____
Place of Employment _____ Occupation _____
Married _____ Single _____ Divorced _____ Widow(er) _____ # of Children _____
Spouse's Name _____ Place of Employment _____
In Case of Emergency, who should we contact?
Name _____ Phone _____ Relationship _____
How did you hear about our office? _____

We will provide a receipt for you to submit to your insurance. You are responsible for payment in full at the time of service.

** I clearly understand that all services rendered me are my responsibility and payment is expected at the time of service.

Patient's Signature _____ Date _____

If under 18 years of age, parent or guardian's signature _____

Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: *"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."*

A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.

Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. Nutritional advice and nutritional intake may also enhance the stabilization of chiropractic adjustments and treatment.

I have read and understand the above:

Signature _____ Date _____