Mayberry Naturopathy
@ Back To Wellness

INTAKE FORM

Name: _____ Today's Date _____

Address: _____ City: _____

Zip: _____ Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Male Female

Emergency Contact & Phone: _____
How did you hear about our office?_____

Health Concerns:
List your main issues in order of importance (No more than 3 please)
1._____
2._____
3._____

Vitamins, Supplements, Natural Medicines currently taking:
_____
_____

Medications currently taking:
_____
_____

Allergies: Any allergy to any drug, natural or pharmaceutical, food or environmental?
_____
_____

Health History: Any major illness, surgeries, injuries in the past or recent:
_____
_____
_____

Family History: (Mother, Father, Grandparents, Siblings):
_____
_____

Consent to Care, Disclosure, Release and Waiver of Liability Agreement for Mayberry Naturopathy LLC at Back To Wellness Clinic of Rutledge, GA.

Mayberry Naturopathy LLC and its members, contractors or employees represent scope of practices related to their field, most defined by their licensing and/or certifying bodies and are independent practitioners and/or clinicians in this health care practice.

Mayberry Naturopathy, makes no representations, claims, or guarantees regarding the efficacy of recommendations. The recommendations are based upon a combination of extensive naturopathic education, holistic knowledge and experience in the field. The title of “Licensed Practitioner” is used to indicate the achievement of naturopathic and integrative holistic qualifications and does not imply nor require that Mayberry Naturopathy associates hold state licensure to practice conventional pharmaceutical medicine. Each associate holds board certifications, licenses, diplomas, degrees, registrations, etc. strict to their specific scope of practice and to establish and maintain credibility in the field. *More information on each of our practitioners’ credentialing and background is available on the mayberry30663.com website.* Visits with our associates do not constitute a medical or pharmaceutical service or treatment. Any current health condition, prescription medicine, state of pregnancy or breastfeeding must be disclosed to our clinicians and your medical doctor. This office assumes no liability for what is not disclosed to us at your visit. Individualized recommendations are offered and applied as an educational and informative consultation. Any action taken as a result of the consultation is done at the sole discretion of the client. It is recommended that in addition to any health consultation, you maintain a relationship with one or more physicians qualified to care for bodily or mental health condition(s) as the need fits. Mayberry associates always collaborate, with client permission, with other doctors in regard to client care. This agreement holds that you will be diligent to follow your Mayberry practitioner’s protocol for your optimal health. This may include natural medicine supplementation and related assessments and testing, where applicable. Missing your follow up appointments may require discharging you from care. Appointments canceled less than 24 hours in advance incur a fee. You are expected to refill your protocol between visits, unless otherwise directed by your practitioner. You can pick up refills in-office or our staff can mail it to you for your convenience. By signing this informed consent you agree to forever release Mayberry Naturopathy associates, their officers and employees from any and all actions, claims or demands that you, your heirs, next of kin, spouse and legal representatives now have, or may have in the future related in your participation of health care visits here. You agree to be responsible for all legal costs and fees that may result from action(s) on your part or on the part of your representative(s).. If a legal case is brought, you agree that we shall be judged by the standards and principles of complementary, alternative, and/or holistic medicine and not the standards and principles of consensus conventional medicine. You have the right to have this consent reviewed by your lawyer. Mayberry Naturopathy practitioners each hold liability insurance coverage for their scope of practice and hold to strict HIPAA privacy practices for confidentiality. Your signature verifies that you have not been told to discontinue treatments with any other medical specialists or other health care providers. Your signature is being given prior to rendering any service,advice, and/or recommendations whatsoever. By entering your signature below you are acknowledging that you understand all terms, verbiage and concepts herein. I have signed and have executed it freely and willingly on behalf of myself or my minor child or children.

_____ _____

(Signature) (Date)

_____

(Printed name)