

Center for Nutrition and Wellness  
1543 Layfield Road  
Pennsburg, Pa 18073

## Nutrition Patient Questionnaire

Date: \_\_\_\_\_ Patient # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

E-Mail \_\_\_\_\_ Zip Code \_\_\_\_\_

By documenting your email address on this page, you are agreeing that health information for yourself can be freely shared via email between yourself and the **Center for Nutrition and Wellness**. While usually considered safe, email is not the most secure method of sharing personal information.

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. By signing below you are stating that you clearly understand that all services rendered at the **Center for Nutrition and Wellness** are your responsibility and payment is expected at the time of service.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_