

To insure the cleanse is appropriate for you at this time- a 15 minute consultation with a doctor is required. To set up a consult please call 212.620.4114 or email us at info@transformationalhealthcare.net and be sure to bring the intake forms with you or come 15 min early to the apt to fill out the forms.

*Note: This is a confidential record of your medical history. Information contained here will not be released to any person without your authorization.

IDENTIFICATION DATA: Please fill in completely. **Please Print.**

Name: _____ Date : _____

Address: _____

Date of Birth: _____ Age : _____ Occupation : _____

Home / Mobile Phone _____ Business Phone _____

Email Address: _____ Referred by: _____

Would you like our monthly informational newsletter on advancing your health?: yes no, thank you

Primary Care Provider _____

Date of Last Physical: _____

History:

Past Surgeries/Year _____

Traumas _____

Illnesses _____

Current Medications _____

How many complete movements do you produce daily? _____ Is this every day? _____

Is there anything else you would like to tell me? _____

The purpose of this visit is for a nutritional consult only and is not a substitute for a visit to your primary health care provider.

I (print name) _____ have read and fully understand the above statement.

Signature _____ Date _____