

Hayden Holistic Health

Anna Strong R.N C.C.H
Integrative Wellness Center
579 West Hayden Ave
Hayden, ID 83835
208 518 8411

Clinical Intake Form

IMPORTANT - Please list below your four main health complaints in order of importance:

- (1) _____
- (2) _____
- (3) _____
- (4) _____

PLEASE FILL IN BELOW:

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthday: _____ Weight: _____ Height: _____ Married: Yes / No Gender: Male / Female

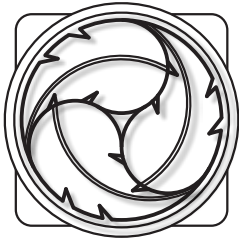
Email Address: _____ Occupation: _____

Present Diagnosed Illness: _____

Please List any medications or supplements you are presently taking: _____

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____



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Consent to Recieve Services from Anna Strong R.N. C.C.H

DISCLAIMER: I understand Anna Strong is not licensed as a chiropractor, counselor, medical doctor, psychologist or psychotherapist and does not portray herself as such. I understand she will not diagnose, evaluate, treat, cure, mitigate or prevent any nutritional, medical or psychologic disease, disorder or condition. I understand it is my responsibility to continue my medications and remain under the care of my primary physician.

Anna Strong, Hayden Hollistic Health, Remedy Works LLC, Integrative Wellness Center LLC and all services including but not limited to Qest4, Ionic Detox Foot Bath, Heart Sound Recorder, NanoVi, supplements, homeopathic remedies and all other devices and products or procedures are not intended to diagnose, treat, cure or prevent any disease or condition.

Payment for Services and Missed Visits: I agree to pay by check, money order, credit card or cash for each appointment. In the even my check is returned from the bank for any of the services received from Remedy Works LLC, I agree to pay full restitution plus an additional \$35 fee as a penalty.

I understand if I cancel, I must give 24 hours' notice prior to my scheduled appointment. I understand that there is a \$35 charge for missed appointments.

Client Warranty: By signing below, I acknowledge that I have read and understand this document and have received acceptable answers to all my questions about any services used offered by Anna Strong. I consent to receive services from Anna Strong. I warrant I am not under duress at this time and my consent is given voluntarily and without coercions. I assert that I do not have a pacemaker, have an internal defibrillator, Brain implant, or and other implantable device. I further assert that I am not pregnant.

Print Name: _____

Signature: _____

Date: _____