Beyond Chiropractic Dr. Erika V. Way, DC

Nutrition Patient Questionnaire

	Machidon i acient Quescionnane	
Patient#	Date	
Treatment Plan	_	
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, w Name	who should we contact? Phone Relationship	
How did you hear about	our office?	
As a courtesy we will your insurance.	I provide you with a statement for your appointment that you m	<mark>ay file w</mark> ith
** I clearly understand t time of service.	hat all services rendered me are my responsibility and payment is expected a	at the
If under 18 years of age,	, parent or guardian's signature	
	Nutritional Informed Consent	
erm "DRUG" is define ditigation, Treatment of vitamin is not a drug domeopathic Remedy. Although a Vitamin, a may have an effect on hisrepresented, or be therefore, please be an tended as a primary dutritional counseling, is chedule of nutrition is order to supply good refer to supply good. Nutrice of the human body. Nutrice of the human body.	ral Food, Drug, and Cosmetic Act, as amended, Section 201 (g) of to mean: "Articles intended for use in the Diagnosis, Cure, or Prevention of disease." g, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or	edy an be s not mptom. ve diet in ses of
have read and under	rstand the above:	
Signature	Date	