

New Client Health Information Form



www.AdvantageIntegrative.com

PURPOSE, TERMS & CONDITIONS

THE PURPOSE OF THE FORM

The New Client Health Information Form is designed to allow your practitioner the opportunity to get acquainted with you and your current health status in order to better serve you as your doctor or wellness consultant. It also gives you the opportunity to carefully reflect upon your current health status and to clarify your thoughts and feelings related to your health without any added pressures of being in the office. This makes it a win-win situation for both parties. our valuable time that can be better used helping you get well!

TERMS AND CONDITIONS

By using this form you agree to the following:

- The information you provide on this form is based solely on your own subjective information regarding your health as you experience it.
- If you are a patient of Advantage Integrative Health, L.L.C. the information you submit on this form will not be considered as diagnostic or a replacement for physical exam in order to make a proper diagnosis.
- The information will only be used by Advantage Integrative Health, L.L.C. and its staff to support your efforts in reaching your personal health goals.
- Your information will not be sold to or shared with any third party organizations for any reason whatsoever.
- You have the right to ask Advantage Integrative Health, L.L.C. and its staff for a copy of your form submission at any time and if it is still available a copy will be provided to you electronically.
- You have the right to update your information any time by submitting the online form again.