

Dr. Richard E. Picard
Advanced Nutrition

WELCOME TO OUR OFFICE

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Age: _____ Birth Date: _____ Occupation: _____

Marital Status (circle one) M S D W email: _____

Employed By: _____ Business Phone: _____

Business Address: _____ City: _____ St: _____

Do you work with chemicals, metals or inhale any vapors? Y / N _____

Medical Doctor: _____ City: _____ Phone: _____

When was your last physical exam? _____ Are you taking any medications? Y / N

In case of emergency, whom should be notified? _____ Phone: _____

How did you hear about us?

Doctor Phone book Sign Friend Internet Other source: _____

I hereby give my permission to the doctor to administer treatment and perform such general procedures, as he may deem necessary in the diagnosis and/or treatment of my condition. I also give consent to general screenings, measurements and assays to assess my nutritional status.

I hereby give permission to the doctor to release any information requested by my family physician or any other doctor that I am seeing if I ask him to do so.

I understand that Dr. Richard Picard doesn't accept any form of health insurance for his nutritional services and I am financially responsible for these services.

By signing below I have read and agree to the above statements.

Print Name: _____

Signature: _____ Date: _____