

Client Intake Form

Name: _____ Date: _____

Address: _____

City: _____ State/Prov: _____ Zip/postal code: _____

Date of Birth: _____ Sex: Male Female Referred By: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Preferred Phone: Home Cell

E-mail: _____

Single Widowed Divorced Married - Spouse Name: _____

Minor - Parents/Legal Guardians Name(s): _____

Height: _____ Weight: _____ Pregnant/Due Date: _____

Medications: _____

Allergies: _____

Health History: _____

Current Health Concerns: _____

While a biochemical evaluation and / or consultation from Dr. Brouse may be beneficial, I understand that the purpose of the service is to better realize my unique metabolism. I understand that a metabolic evaluation is not a medically recognized technique of diagnosis, treatment or prevention of any disease or condition. It is Dr Brouse's policy that he is not acting as my primary health care provider. His role is to provide biochemical and metabolic guidance to augment recommendations by my primary health care provider. Dr. Brouse does not guarantee any particular benefit beyond that of improved nutritional awareness.

I accept responsibility for my health.

Signature: _____ Date: _____

This client is a minor. I hereby give permission to Dr. Brouse to review and evaluate findings of the client. I accept financial responsibility for this client.

Signature: _____ Relationship: _____ Date: _____