



Mayberry Naturopathy LLC

*Kriscinda Bailey Morgan, ND & Associates*



**INTAKE FORM**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female  Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

**HEALTH CONCERNS**

List your health concerns in order of importance.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Vitamins and Supplements**

List all vitamins/minerals/herbal supplements you are currently taking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications**

List all prescription and OTC (over the counter) medications you are currently taking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical History**

List any major illness, injuries and/or surgeries that you have had and when:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies**

Hypersensitivity to any drugs, natural remedies or environmental? \_\_\_\_\_

**Family History**

Relationship	Age	Health Conditions/Cause of Death
Mother		
Father		
Grandparent(s)		
Sister (s)		
Brother (s)		

**DECLARATION AND CONSENT TO CARE**

Traditional Doctors of Naturopathy and Naturopathic Practitioners minimize the risk of harmful side effects, by supporting the body’s own capacity to heal and by using the least invasive procedures for evaluation and care protocols whenever possible. It is very important that you inform your doctor of naturopathy or doctor of medicine on this form and hereafter during care of:

Any disease process that you are suffering from, if you are on any prescription medication or over the counter drugs or if you are pregnant, suspect you are pregnant, actively attempting to become pregnant or you are breast-feeding.

I understand that a record will be kept of the health or consulting services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or when law requires it. I understand that my naturopath will answer any questions to the best of his/her ability and will exercise judgment during the course of the procedure which he or she feels at that time is in my best interests, based on the facts then known. I intend this consent form to cover the entire course of care for my present health concern(s) and agree to abide by the custom care plan ascribed by the practitioner for my specific case. This includes patient visits ascribed, natural medicines recommended and scheduling courtesies. I understand that this office does not prescribe or practice pharmaceutical medicine, unless the practitioner seen is licensed to do so. I understand that I am free to bring any previous paperwork, labs, etc. from other providers as a support for my care, as this aligns with our holistic plan in the support of integrated care with all health care providers. I understand that this office will not be responsible should I not disclose any medical information relevant to my care, which could contraindicate protocols issued in this office. I understand that payment for services rendered is expected on the day of my visit, along with cost of natural medicines and testing if applicable. For phone appointments, payment must be rendered by office staff at the close of the call. Missed appointments require at least 48-hours notice and patients who do not show or reschedule after 3 missed appointments may be discharged from care. Patients who do not adhere to the therapy plan given will be discharged from care.

**Signature**

I attest that the information provided is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Mayberry Naturopathy LLC and its members, contractors or employees represent scope of practices related to their field, most defined by their licensing and/or certifying bodies and are independent practitioners and/or clinicians in this practice.*

*Kriscinda Morgan, N.D. is nationally certified in phlebotomy by the National Healthcare Association, licensed to counsel by the American Association of Christian Therapists, registered with the American Association of Natural Medicine Pharmacists and licensed by GEMA (Guardian Ecclesiastical Medical Association) to practice holistic natural medicine. The state of Georgia does not require naturopaths to carry state licensure and/or state certification. This non-regulatory status provides naturopaths the benefit of operating within their degreed field and scope of practice. Dr. Morgan holds double board certification with the American Association of Alternative Medicine (AAMA) and the American Association of Drugless Practitioners (AADP). When necessary, Dr. Morgan will refer patients to medical physicians for conventional medical advice. For conventional medical advice, please consult an allopathic medical provider.*