

# HILTON'S HEARTLAND

NATURAL HEALTH CARE & WELLNESS CENTER

Melisa Rocchi Kuehn, ND

## PROFILE SUMMARY

### CLIENT INTAKE

PAGE 1 OF 1 | PLEASE PRINT OR TYPE ALL INFORMATION

#### PERSONAL INFORMATION

NEW  UPDATE

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

WHO CAN WE THANK FOR REFERRING YOU? \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HM PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ FAX PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ BLOOD TYPE \_\_\_\_\_

SEX:  MALE |  FEMALE AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SINGLE  SEPARATED  DIVORCED  WIDOW

MINOR – COMPLETE MINOR'S INFORMATION BELOW

#### MINOR INFORMATION (Parents Information)

MARRIED -- COMPLETE SPOUSE'S INFORMATION BELOW

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

#### SPOUSE'S INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_

#### FINANCIAL RESPONSIBILITY & TREATMENT SERVICES ACKNOWLEDGEMENT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE & ZIPCODE \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HM PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

I understand and agree that all services provided to me or my child (as listed in Minor/Parent Information) is charged directly to me and that I am personally responsible for payment. I also understand that payment is due in full at the time services/products are rendered. My health insurance policy is an arrangement between my insurance carrier and myself; however, Hilton's Heartland will provide appropriate receipts for me to submit to my insurance company for any possible reimbursement. I also understand and agree that if I cancel any appointment with less than one full working day's notice (two full working days for the Initial appointment), I will be charged the full appointment fee and payment will be required prior to the next appointment.

Further, I understand and agree that Melisa Rocchi Kuehn is a Doctor of Naturopathy and Certified Nutritional Counselor but is not a medical doctor and that counsel given is restricted to the correction of nutritional deficiencies and Natural Health Remedies and is in no way intended to diagnose or treat a disease or medical disorder. References to specific bodily functions or organs during the course of nutritional counseling are **not** intended to diagnose or treat a disease or medical disorder of that bodily function or organ, but to clarify the effects of nutritional deficiency and imbalances on that bodily function or organ.

My signature below indicates that I have read and agree to the foregoing.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO PATIENT (IF SIGNED BY A PERSONAL REPRESENTATIVE OF PATIENT) \_\_\_\_\_