



NATURAL HEALTH ASSOCIATES
Your Choice For Proactive Healthcare

15-Minute Consultation Patient Intake Form

Today's date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: (____)____-____

Email: _____ Newsletter Opt-Out

Preferred method for appointment reminders: Email Text Both

For text reminders please indicate your cellular service provider

_____ (ex: Verizon, AT&T)

Referred by/How did you hear about us? _____

General Waiver of Liability: I understand that participation in any activity involves a certain element of risk. Natural Health Associates (NHA) cannot guarantee the safety of individuals or groups who may participate in certain ACTIVITIES offered by NHA. In consideration for your participation in said ACTIVITY you hereby release and forever discharge Natural Health Associates of any liability for injuries you might incur by participating in such ACTIVITIES.

Natural Health Associates (NHA) group of providers includes: Fort Collins Family Acupuncture, Colorado Center of Health & Nutrition, Gonstead Chiropractic and Rocky Mountain Natural Medicine. The Thermogram Center also works in conjunction with NHA. In order to provide you with the best and most complete care possible, your information may be shared between providers as appropriate.

Signature: _____