WELCOME TO THE OFFICES OF
LAURA A. McCLELLAND, N.D

CLIENT INFORMATION AND STAEMENT
(NUTRITIONAL)

Name:_____ **Email Address:** _____

Address:_____ **Phone:**_____

City, State, Zip _____

HEALTH INFORMATION

___ ANEMIA ___ ARTHRITIS ___ CANCER ___ HEART ___ DIABETES
___ ULCERS ___ KIDNEYS ___ LUNGS ___ PROSTATE ___ LIVER
___ FAINTING ___ PMS ___ NERVES ___ DIGESTION ___ STOMACH
___ BLEEDING ___ THYROID ___ SKIN ___ TUMORS ___ SPLEEN
___ WEIGHT ___ OVARIES ___ ASTHMA ___ COLON ___ THROAT
___ EPILEPSY ___ BREAST ___ EDEMA ___ CONSTIPATION
___ BLADDER ___ SPINE/NECK ___ PARASTES ___ ALLERGIES
___ HEMORRHOID'S ___ PANCREAS ___ HIGH BLOOD PRESSUR ___ GALLBLADDER
___ HYPOGLYCEMIA ___ ALZHEIMER'S ___ HAY FEVER
OTHER_____

2. OCCUPATION: _____ DATE OF BIRTH: _____
3. ARE YOU ALLERGIC TO ANY FOOD OR MEDICATIONS? _____
4. ARE YOU PREGNANT? ( ) YES ( ) NO IF SO HOW MANY MONTHS? _____
5. ARE YOU UNDER A LOT OF STRESS? _____
6. WHAT CONDITIONS ARE YOU PRESENTLY UNDER A PHYSICIAN'S CARE FOR?

_____

7. PLEASE LIST ANY MEDICATIONS YOU ARE TAKING:

_____

8: PLEASE TELL US HOW YOU LEARNED OF OUR SERVICES:

_____

CLIENT STATEMENT

I Understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health.

I fully understand that those who counsel me are not medical doctors or practitioners and that I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit as an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed by Laura A. McClelland are at all times restricted to consultation on the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of remedies for disease.

DATE: _____ SIGNATURE: _____

Payment Agreement & Cancelation Policy

For Naturopathic Visits

The following will go into effect January 1, 2017.

- New Client appointment.
    - Your cost will be $60.00. New client visits require our naturopath to block out larger time slots.

- Follow up visit.
    - For a 30 minute follow up visit your cost will be $30.00.
    - For an hour follow up visit your cost will be $50.00.

See next page for Cancelation policy.

By signing this payment agreement, you are indicating that you understand and agree to the terms of service explained above.

Name of Client or Legal Guardian: _____

Signature: _____ Date: _____

Laura McClelland N.D.

2850 Bella Vista Way, Bella Vista, AR, 72714

479-855-3553

Payment Agreement & Cancellation Policy

For Naturopathic Visits

Please read the following agreement. It explains your financial obligations and our policies regarding cancellations.

- Payment is due at time of service.

New Client Appointments:

- Upon booking your appointment, we will ask for a credit/debit card number that will be stored securely. If you call to cancel or reschedule your appointment with **less** than 24 business hours notice, or fail to show for your appointment, you will be charged $50.00.

Follow Up Visits:

- The same rule applies for a follow up visit. If you do not give us 24 business hours notice or you do not show up, a follow up client will be charged $30.00.

When appointments are canceled or rescheduled with adequate advance notice, it is more likely that another client in need will be able to use the time slot.

By signing this payment agreement and cancellation policy, you are indicating that you understand and agree to the terms of service explained above.

Name of Client or Legal Guardian: _____

Signature: _____ Date: _____

Laura McClelland N.D.

2850 Bella Vista Way, Bella Vista, AR, 72714

479-855-3553

Card Info:

Name on Card:_____

Type:_____

Credit Card #:_____

Expiration Date:_____

Three digits on back of card:_____