

Patient Contact and Nutritional Informed Consent

Date:	Patient #
Name	Date of Birth
Address	City/State
E-Mail	Zip Code
By documenting your email address on the can be freely shared via email between your email address on the can be shared in the case of	his page, your are agreeing that health information about yourself urself and any staff member of Fundamental Health Solutions. While most secure method of sharing personal information.
Telephone: Home	Work
Place of Employment	Occupation
Married Single Divorced	Widow(er) # of Children
Spouse's Name	Place of Employment
In case of emergency, who should w Name	re contact? Phone Relationship
How did you hear about our office?_	
	ull at the time of service. By signing below you are stating that ices rendered at the Fundamental Health Solutions are your ted at the time service.
Patient's Signature	Date
	TIONAL INFORMED CONSENT ic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean:
"Articles intended for use in the	e Diagnosis, Cure, Mitigation, Treatment or Prevention of disease."
A Vitamin is not a drug, NEITHER is a Mineral, Tra	ace Element, Amino Acid, Herb, or Homeopathic Remedy.
	ino Acid, Herb or Homeopathic Remedy may have an effect on any disease process srepresented or be classified as a drug by anyone.
Therefore, please be advised that any suggested retherapy for any disease or particular bodily symptom	nutritional advice or dietary advice is not intended as a primary treatment and/or m.
	nutritional advice, and the adjunctive schedule of nutrition is provided solely to order to supply good nutrition supporting the physiological and biomechanical
Nutritional advice and nutritional intake may also e	enhance the stabilization of chiropractic adjustments and treatment.
I have read and understand the above.	
Signature	Date
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