

INITIAL CONSULTATION FORM

First name _____ MI _____ Last name _____

Today's date _____ Phone number where message may be left _____

Date of birth _____ Current age _____ Referred by _____

Address _____

E-mail address _____ Blood type _____

Very often, I have either a senior ND student or a new graduate observing me in practice. Are you open to having a senior ND student or new grad at your appointment?

Circle one: Yes No

What are your goals today? _____

Christie Fleetwood, ND, RPh is a Naturopathic Doctor (ND) licensed in the state of North Dakota. In states that recognize/license NDs, she would have the ability to diagnose and treat disease states, perform complete physical exams, draw blood, order labs and diagnostic procedures, order and interpret x-rays, and write prescriptions, among other privileges.

Outside of North Dakota, despite her education and training, she is considered a Wellness Consultant.

By signing below, you recognize that Dr Fleetwood is providing either in-person, telephone/telehealth or on-line naturopathic specialty care via a membership or fee-for-time service model. **Insurance is not a part of this working agreement.** All fees are due at the time of service and may be paid by cash, check, debit or credit card (including FSA/HSA cards). Non-member fee is \$300/hour; time spent above or below the 60-minute mark will be prorated accordingly. Additional compensation commensurate with travel may be added. **First office visit/call is \$500 and includes a written comprehensive Plan within 7 days of Consult.**

Print name

Signature

Date