



## NFW Intake Paperwork

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (main) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_ May we add you to our mailing list? \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_ Sex \_\_\_\_\_

Blood type \_\_\_\_\_ Relationship Status \_\_\_\_\_

Profession + Employer: \_\_\_\_\_

Reason for scheduling: \_\_\_\_\_

At the end of your appointment today you hope: \_\_\_\_\_

\_\_\_\_\_

## Tell Me More About You

How much sleep do you need \_\_\_\_\_ How much do you get \_\_\_\_\_ Bed time \_\_\_\_\_ Wake time \_\_\_\_\_

How do you recharge \_\_\_\_\_ How often \_\_\_\_\_

Introverted (place x) \_\_\_\_\_ - Extroverted

Stress level \_\_\_\_\_ Type of Stress \_\_\_\_\_

Do you run: Hot Cold Fast Slow Do you crave: Sweet Salty Sour Other \_\_\_\_\_

History of Trauma \_\_\_\_\_ Type \_\_\_\_\_ Age(s) \_\_\_\_\_

Diagnosis \_\_\_\_\_

Supplements \_\_\_\_\_

Medication \_\_\_\_\_

Typical Breakfast \_\_\_\_\_

Typical Lunch \_\_\_\_\_

Typical Dinner \_\_\_\_\_

Typical Snacking \_\_\_\_\_ When \_\_\_\_\_

Anything else we should know \_\_\_\_\_

\_\_\_\_\_

**Disclaimer Release**

I, \_\_\_\_\_ (name) \_\_\_\_\_ (initials), do hereby accept full responsibility for any actions taken by myself, my child, or my pet concerning any foods, homeopathic remedies, herbs, supplements, exercises and educational therapies with regard to this consultation with Asher.

I understand that Naturopathy is considered an alternative process and is not intended to be a substitute for medical treatment. The information and therapy offered does not include a diagnosis.

I understand that rather than medical advice or treatment, I am seeking alternative treatment in the form of lifestyle, educational, nutritional and naturopathic advice and/or recommendations. Under no circumstances, should any suggestions be taken as a diagnosis or a direction against a licensed physical or mental health professional.

I affirm that I am seeking self-help advice in natural wellness or educational matters only, and if I desire a diagnosis or treatment for any medical condition, I must consult a physician. I acknowledge that Asher Thayer is not medical doctor. She is a traditional naturopath. I affirm that I have the ability to accept or reject this care of my own free will and choice, and will not hold Asher Thayer or Groundswell Healing, LLC responsible for my decisions.

I affirm that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. \_\_\_\_\_ (initial)

I understand that my \$40 payment holds my appointment slot and is for 30 minutes with Asher Thayer and, that if I do not show for my appointment, I will not be refunded. I understand that if I cannot make the appointment I may reschedule without additional fee. I will not be refunded. \_\_\_\_\_ (initial)

Please bring supplements and medications to your appointment.

I have read and understand the above disclaimer document about the natural therapies offered by Asher Thayer.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

