IMPORTANT

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Please fill out these questionnaires prior to your appointment and return them to us 2-3 days prior to your appointment time. Accurate completion of these questionnaires is necessary for the doctor to properly understand and assess your condition.

Please ensure that the following forms are included in this package and have been fully completed.

☐ MWLC Intake Form

☐ NET Wellness Check

☐ 7 Day Diet & Activity Survey \* \*These forms you may bring to your 1st visit

☐ Health Appraisal Questionnaire

☐ Detoxification Questionnaires

☐ Candida Questionnaire

☐ Autoimmune Questionnaire

☐ Office Policies (signed)

☐ HIPAA - Notice of Privacy Practices for Protected Health Information

(Health Insurance Portability & Accountability Act)

☐ Doctor’s History and Philosophy

Thank you for contacting our office. We will look forward to meeting you on:

Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_, or call to set up appointment

Please return forms to: Michiana Wellness & Longevity Clinic

(See Address Above) Form: Chiro.Checklist.cov.MWLC 01/07/2013