

Total Wellness
15 Gilbert Street
South Salem, NY 10590
(914) 763-9107

**INSTRUCTION SHEET FOR NUTRITION CONSULTATIONS
(IN PERSON OR PHONE ONLY)**

1. Please fill in and mail to address above:

- a. This page
- b. Disclosure Form
- c. Patient Questionnaire (select appropriate one from website)
- d. \$175 fee

The \$175 non-refundable fee covers the initial consultation and can be done in person or on the phone. Please specify which when we set up your appointment. The initial consultation is usually completed within an hour's time.

2. Please indicate how the fee is being paid: check # _____
MC/Visa/AMEX _____ Exp. Date __/_____
Name as on Card _____
Signature _____

3. Attach any additional pertinent information (detailed patient history, diagnostic tests and treatment, etc.) if available. A current photograph of the patient might also be helpful.

4. Our office will contact you for an appointment date for your phone consultation after we have received your packet. Consultation hours are by appointment ONLY.

Thank you for allowing me to be of service.

I look forward to assisting you in achieving your wellness goals.