



New Consultation Application

Well, and thank you for your interest in my consultation and educational practice!

Before we start, I like to make sure we are on the same page. Please use this as an opportunity to ask any questions you may have about my practice to make sure this will be a good fit for you.

Please initial each line below to indicate that you have read, have had a chance to ask questions, and understand and agree with each of these policies:

_____ **Participant Risk Questionnaire (Page 2)** _____ (Question, if applicable)

_____ **General Consultation Policies (Page 3)** _____ (Question, if applicable)

_____ **Notice of Privacy Practices (Page 4)** _____ (Question, if applicable)

_____ **Informed Consent for Consultation (Page 5)** _____ (Question, if applicable)

_____ **Financial Disclosure (Page 6)** _____ (Question, if applicable)

Once this information is submitted and reviewed, I will have an opportunity to respond to you with any questions I have and decide if this consultation would still be a good fit for your health and learning goals. Please note that completion of this application alone is not a guarantee of service, nor does it establish a physician-patient relationship.

Please sign below to indicate your confirmation of this notice as well as your review of the forms contained in this packet:

Printed Name

Signature

Date signed

Date of birth

Guardian Signature (if applicable)

Date signed