

Tree Of Life Wellness Center, Inc.

1460 Fall River Ave, #6, Seekonk, MA. 02771 508-336-4242

Name _____ Date _____

I fully understand that my appointment is with the Naturopathic Practitioner _____, **does not** include a physical examination, and is not intended to replace medical testing &/or diagnosis by a medical physician. I also understand that I am **not to discontinue any prescription medications** without consulting with the **Medical Physician** who prescribed them to me.

All my Patient records at the Tree Of Life are confidential and will not be released without my written consent.

Signature _____ Date _____

If the patient is a minor (under 18 years) Print Guardian Name _____

Guardian Signature _____

Relationship to minor _____

*If at any time you have any questions, concerns, or problems regarding your naturopathic program please call or have your medical physician call our office Monday-Friday 9am-5pm at 508-336-4242.

*In case of an emergency call your medical physician.

How did you hear about our services?

If you would like to receive information about store specials, free lectures, or guest appearances via e-mail please write your email address. **We do not sell or give out e-mail addresses to anyone.**

My E-mail address: _____

***Listen to Dr. Jansen and the Wellness Team every Saturday 8am-9am on Holistic Healthline WHJJ Radio 920 on the AM dial.**