

Please fill out this form and submit it either via email to info@drcory.com or fax it to 203-306-3776.



dr.cory
www.drcory.com

Quickie Consultation Intake

name:

date:

address:

phone:

cell phone:

email:

credit card:

exp:

Briefly describe your health condition that you have questions about. Include symptoms you are having and how long you have had them. Bullet points are good.

List anything you have taken or been recommended to take for the condition, pharmaceutical or natural.

Do you take any other pharmaceuticals or supplements on a regular basis? If yes, which ones.

List any relevant labs or diagnostic tests that you have had, or have been recommended to you.

Please list any significant health conditions you currently have, or have had in the past, such as high blood pressure, diabetes, active cancer, eating disorder or if you are pregnant or nursing.

Anything else you feel is relevant or important to share?

This quick consult is not meant to diagnose and does not replace having an in-person, individualized comprehensive consultation with Cory Reddish, ND or any other licensed health care practitioner. This information is to be used as guidance in helping you to make healthcare choices. By submitting this form, I am acknowledging this.

name:

date:

Cory Reddish, ND ★ P.O. Box 2215 ★ Mill Valley, CA
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