

Julia McLean, NTP

952-240-0469

CLIENT HEALTH PROFILE

Name _____ Today's Date _____

Address _____ Home Phone # _____

City _____ State _____ Cell Phone # _____

Zip Code _____ Birth Date _____ Primary Occupation _____

E-mail address _____

In Case of Emergency, notify _____

Phone _____ Relationship to you _____

Who can we thank for referring you? _____

Are you married or in a romantic partnership? _____ If yes, do you feel safe? _____

YOUR GOALS

What is the outcome you most desire as a result of your session here? _____

Do you believe that this outcome is possible? Yes _____ No _____ Not sure _____

Top complaints or symptoms starting with the most aggravating:

1. _____

2. _____

3. _____

YOUR HEALTH HISTORY

When did you last see a medical doctor for your condition? _____

What was the diagnosis? _____

Who is your medical doctor? _____

Are you under the care of a mental health professional? _____ If so, who? _____

Please list any prescribed medications:

Medication _____ Condition Treated _____

Medication _____ Condition Treated _____

Medication _____ Condition Treated _____

Medication _____ Condition Treated _____

What non-prescribed medicines or supplements do you take regularly? _____

Describe any surgeries or hospitalizations, even if they were years ago: _____

Please note approximately how many servings of the following you eat/drink in an average week.

Alcohol _____ Soft Drinks _____ Coffee _____ Water _____ Cigarettes _____

Candy _____ Ice Cream _____ Cookies/Cakes _____ Fast Food _____

What are the three healthiest foods you eat each week? _____

Unhealthiest? _____

Please list any exercise, meditation, yoga, or relaxation practices you participate in and the approximate minutes per day/days per week for each:

Height _____ Weight _____ Would you like your weight to be different? _____

(Women) Describe your menstrual cycle (i.e. regular, heavy, post menopause)

I have read and completed the health profile to the best of my ability. I understand that I have the right to omit any information and that information shared will be held in confidence between myself and Natural Balance for Life.

_____ Date _____

Your signature or the signature of your parent or guardian if you are under 18 years of age

Julia McLean, NTP
16 Bridge Square
Northfield, MN 55057
952-240-0469

NOTICE OF UNDERSTANDING AND AGREEMENT:

I, the undersigned, understand that Julia McLean works as a nutritional consultant and therefore will not diagnose or treat any known or unknown condition nor make statements that might tend to show intent or prescribe any medication for the treatment of a known or unknown condition.

I further understand that Julia McLean as a nutritional consultant recommends and talks about food, nutrition, nutritional supplements, vitamins, minerals and other nutrients, as well as foods, only as they may pertain to the whole body concept of metabolic processes as currently understood in the human body.

I agree that neither Julia McLean assumes responsibility for my actions nor for the results of any action I may take with regard to recommendations during the time period which I retain her as a nutritional consultant.

I hereby give my permission for Julia McLean to balance the body's energy system by whatever method she deems useful, which may or may not result in restoration of specific bodily functions.

I also attest I am here solely on my own behalf and not as an agent or representative for and Federal, State, or local agency or on a mission of entrapment or investigation on this or any subsequent visit.

My signature below indicates that I have read all of the above statements and that I accept and understand them, and that I agree to consult with Julia McLean on these grounds.

Print Name _____ Date _____

Signature _____

I hereby assume financial responsibility for any and all charges for services, supplements, and/or any specialty items at the time of performance of delivery.

Signature _____ Date _____

THIS DOCUMENT IS TO REMAIN IN THE CLIENT'S FILE.

Julia McLean, NTP
Nutritional Consultant
16 Bridge Square
Northfield, MN 55057
952-240-0469

Complementary and Alternative Health Care Client Bill of Rights:

Training:

- Balancing Protocol Certificate received from Corey Carter, N.D. 3/06
- 11 years of Energy work with Christina Donnell, P.H.D.
- 20 years of Herbal, Homeopathic, Massage and Alternative Healing classes
- Received a Doctor of Naturopathy degree from Clayton College of Natural Health
- Completed Nutritional Therapist Training 6/12
- GAPS Certified 9/14
- Vortex Energy Training – Up to Omega as of 7/19

“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.”

All complaints may be made to the Office of Unlicensed Complementary and Alternative Health Care Practice at:

Office of Unlicensed Complementary and Alternative Health Care Practice
Health Occupations Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, Minnesota 55164-0882
651-201-3728

Fees for consultation:

Initial visit - \$225.00

½ Hour re-check - \$60.00

1 Hour re-check - \$100.00

All payments are due in full at the time of the visit. Visits are not covered by Medicare or medical insurance. Payment plans may be set up before the visit.

Changes to fees and services will be posted two months in advance.

I, the undersigned, understand that Julia McLean works as a nutritional consultant and therefore will not diagnose or treat any known or unknown condition nor make statements that might tend to show intent to prescribe any medication for the treatment of a known or unknown condition.

I further understand that Julia McLean, as a nutritional consultant, recommends and talks about food, nutrition, nutritional supplements, vitamins, minerals and other nutrients, only as they may pertain to the whole body concept of metabolic processes as currently understood in the human body.

The client has a right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided.

The client has a right to ask for a written copy of any information suggested by Julia McLean.

The client has a right to expect courteous treatment and to be free from verbal, physical, or sexual abuse by Julia McLean or anyone employed in her offices.

The client records and transactions with Julia McLean are confidential. Records will not be released unless the client provides written authorization, or otherwise provided by law.

The client has the right to be allowed access to his or her records and written information from records in accordance with Minnesota Statutes §§ 144.291 to 144.298.

The client has the right to stop seeing Julia McLean at any time and to seek assistance from any other practitioners that he or she may deem necessary. Information on other available services in the community is available in a variety of places, including online or in the phone book. The client has the right to coordinated transfer when there will be a change in the provider of services. The client may refuse services or treatment at any time, unless otherwise provided by law.

The client may assert the client's rights without retaliation.

My signature below indicates that I have read all of the above statements and that I accept and understand them, and that I agree to consult with Julia McLean on these grounds.

Print Name _____ Date _____

Signature _____