



Natural Remedies
Dr. Borislava Johnson, B.C.N.D.
11078 Regency Green
Cypress, TX 77429
832-588-8863
www.naturalremedies.com

Established Client Form

Full Name: _____ Date: _____

Due to the possibility of interactions among medications and/or supplements, please list ALL medications and vitamins/supplements prescribed and over the counter (recommended by Dr. Johnson and/or another doctor) you are CURRENTLY taking:

Name of Medication/Supplement	Dose	Last Taken
1.		
2.		
3.		
4.		
5.		
6.		

Do you take probiotics? (Such as yogurt or any other oral enzyme that restores bacteria to the body): **YES / NO**

How do you take the probiotics? (pills, liquid, with food): _____

List **CURRENT** medical conditions and concerns:

- _____
- _____
- _____
- _____

Name any allergies (medicines, environmental, food, etc.) you have, if any?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

What would you like to achieve in today's consultation? _____

Females Only: What was the date of your last menstrual cycle? _____ Are you currently pregnant? **Y / N**

Established Client Office Visit \$75.00
Office Visit Over 6 Months \$100.00

Please check any **additional** ZYTO scans you would like today.

- Today's Immunity \$175.00
- Lifestyle \$250.00
- Digestive \$150.00
- Advanced \$300.00
- Wellness \$150.00
- Hormones \$100.00
- Foods for Wellness \$125.00
- Vitamins & Minerals. \$100.00

The state of Texas does not allow ND's (naturopathic doctors) to prescribe pharmaceutical medications at this time, although it is legal in other states. In Texas, naturopathic doctors cannot legally "diagnose" or "treat" illness. We can, however, work with you to enhance your overall health and well-being. Due to the lack of licensure in Texas for naturopaths, most health insurances do not cover naturopathic/holistic services, homeopathic medications, and/or supplements. Please be aware if you choose to use a Flexible Spending Account or Health Savings Account, we are not responsible if they choose not to cover for naturopathic/holistic services, homeopathic medications, and/or supplements.

I, _____, understand that I cannot hold Natural Remedies accountable if I pay using my HSA or FSA for any services rendered and/or any purchases made at Natural Remedies.

Client's/Legal Guardian Signature

Date