



Coleman Natural Health & Wellness

PATIENT CONSULTATION FORM

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Best Phone Number: _____ Email: _____

How did you hear about the Serotonin-Plus Weight Loss Program?

- Current Patient Internet Search Serotonin-Plus Website Email
 Referred by patient: _____ Referred by physician: _____

Please mark below if you would like to receive:

- Dr. Posner's Daily Weight Loss Blog Information from Serotonin-Plus Personal Trainer

How much weight do you want to lose? <15 lbs 15-20 lbs 20-25 lbs 25+ lbs

Have you tried weight loss programs before? Yes No Which Ones? _____

How long did you keep the weight off? _____

Do you exercise regularly? Yes No

Do you have any medical problems? Yes No

Do you take any prescription medications? Yes No

Privacy Practice Acknowledgement

I have reviewed the Notice of Privacy Practices (HIPAA) for Serotonin-Plus, Inc. and understand my health information will only be disclosed as stated in this policy unless I list exceptions below.

Sign Here → Patient Signature: _____ Date: _____

Exceptions:

I, _____, give Coleman Natural Health & Wellness medical staff permission to share all my medical information with:

Name: _____ Relationship: _____

Sign Here → Patient Signature: _____ Date: _____