

OFFICE VISIT CLIENT INFORMATION SHEET

In order to help us better prepare for your upcoming phone consultation with Donna Stephens, please provide us with the following information:

| Name: | Appointment Date/Time: |
|--|---|
| What is the best number where can Donna r | each you? |
| Is this your first consultation with Donna? | |
| If not, how long has it been since you last sp | oke with her? |
| What is your primary health concern? | |
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| Do you have any questions that you want to | make sure get answered during your appointment? |

NOTE: The cost for a 30 minute office visit is **\$59**; a 45 minute office visit is **\$79**. If, for any reason, you are unable to keep your scheduled appointment with Donna Stephens, please call **844-787-3935** to reschedule your appointment at *least 24 hours in advance* to avoid a cancellation fee of **\$59**.

Thank you, The Pure Nutrition and Wellness Staff