



LA Herbs & Acupuncture

Wellness through ancient wisdom

Patient Name (print): _____

Address: _____ City: _____

State: _____ Zip: _____ Primary Phone Number: _____

Email Address: _____

UNDERSTANDING AND CONSENT

By signing below, I understand that by the very nature of a phone or Skype consultation, the clinician providing the consultative service is unable to perform a physical exam on the patient.

Physical exams can reveal to the clinician important information about the patient and the patient's condition. I understand that it is no possible to perform a physical exam during a phone or Skype consultation. I agree to furnish the name and phone number of my physicians and a copy of my most recent physical exam performed by one of my physicians. I understand that this information is confidential, and must be received by your office before the time and date of my phone or Skype consultation.

Signature

Date

By signing above, you agree that all the information provided is truthful, accurate and legally binding.