DR GAILA
Natural Health Solutions

11770 Bernardo Plaza Ct. ,Suite 458, San Diego, CA 92128
Phone: (760) 746-7829
www.drgaila.com • info@drgaila.com

<u>Please note</u>: We require your completed paperwork at least 2 days prior to your phone consultation so Dr. Gaila can review it . Please email your completed paperwork to info@drgaila.com . Thank you!

New Client Information

Name:				Date:
Address:				Country:
City:		State:		Zip/Postal Code:
Home Phone:	Work Phone:			Cell Phone:
E-mail:				Sex: M ☐ F ☐
Please mark your preference for occasional follow up communication from our office: _____Email _____Phone				
Age:	Birth date:		Status: M ☐ S ☐ W ☐ D ☐	No. Children:
Occupation:		Employer:		Years Employed:
Spouse's Name:		Occupation:		Years Married:
Referred by:		Current M.D.		
What are your major complaints?				
Any other complaints?				
How long has it been since you really felt good?				

I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. I authorize Dr. Gaila Mackenzie-Strawn to release my personal medical information to me.

Date: _____ By Checking the BOX you agree to the foregoing terms ☐