**Complimentary Consultation Terms**

1. I understand that today’s consultation is complimentary and is used to determine whether or not I am a candidate for care.

2. I understand that the consultation process does not establish me as a patient under Dr. Branham’s care and there is no doctor-patient relationship or obligation.

3. I am aware that after the consultation, I may not be accepted as a patient.

4. I understand that Dr. Branham is not able to and does not accept every case. Dr. Branham’s schedule is extremely busy and he strictly limits the number of new patients he accepts so as to ensure a high quality of care.

5. Please fill out all paperwork completely to the best of your knowledge. Do not leave anything blank. If paperwork is not filled out completely Dr. Branham may refuse to do the consultation.

6. I understand that the information given to me is proprietary and agree not to disclose any terms of this information under penalty of law.

7. It is imperative that you are under the care of a medical doctor or a doctor licensed to prescribe medication. Please list below the name and contact information of that physician.

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Name of Physician Phone number

**I have read, understand and accept the terms of the complimentary consultation.**

Name (please print)

Signature Date