

Consultation

2544 McLeod Dr. N.
Saginaw MI, 48604
(989) 791 – 1691
www.healthwayrx.com



Alec Weir, MD
Edward Wright, PharmD
ABAAHP, FAAMM

**Please print and bring to pharmacy to schedule
appointment or email directly to
ewright@healthwayrx.com**

Today's Date: ____/____/____

Patient Name: _____ Birth date: ____/____/____ Age: ____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

Marital Status: _____ Married _____ Single _____ Widowed

Pregnancy status: _____ Yes _____ No

Occupation: _____

Height: _____ Weight: _____

Additional Doctor/Provider Name(s): **Please include address and phone number*

Allergies: **Please describe the allergic reaction you experienced and when it occurred*

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Medical History:	
Family History:	
Tobacco use? YES_____ NO_____	
If yes, what type and how much daily?	
Alcohol use? YES_____ NO_____	
If yes, what type and how much daily?	
Caffeine use? YES_____ NO_____	
If yes, what type and how much daily?	
Current Prescription Medications:	

Current Over the Counter Medication and Supplements/Vitamins:	
Previously used Prescription Medication(s) and reason for discontinuation:	
How often do you exercise?	
Never_____ Occasionally_____ Often_____ Every Day_____	
During the past 12 months, how often have you felt excessive stress in your life?	
Never_____ Occasionally_____ Often_____ Every Day_____	
How would you describe your overall health?	
Excellent_____ Very good_____ Good_____ Fair_____ Poor_____	
Additional Comments:	

Informed Consent

I understand that **Edward Wright, PharmD** is initiating and/or managing therapy under the collaborative practice under the Michigan Public Health Code, with **Alec Weir, MD** (Physician)

Edward Wright, PharmD, practicing at Healthway Pharmacy will charge a

1. \$188.50 for 30 minutes consultation fee and follow up visit(s)
____ COVID Treatment
____ Long COVID/Long Haul
2. \$137.00 for 15 minutes consultation fee and follow up visit(s)
____ Weight Loss
____ Hair Loss
____ Acne

Payment due after services rendered

Prescriptions will be authorized for a 6 month period after which an additional visit will be required unless otherwise agreed upon by practicing providers.

Edward Wright, PharmD, will maintain all patient records and document communications and share them with **Alec Weir, MD** (Physician)

Compounded Medications are used as an “off label” therapy to treat multiple conditions and are not FDA approved to treat your condition.

Patient Name (printed)

Date of Consent

Patient Name (signature)

Date