PharmD: Chart reviewed/Date _____

Consultation

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

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	
Occupation: _____	
Pregnancy status: _____Yes _____No	
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*
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_____	
Dietary Preferences: (vegetarian, carnivore, low carb, etc)	
DIet consists of (average weekly food consumed)	

Do you have any Gastric Symptoms (circle/mark all that apply)	
Abdominal pain	Bloating
Constipation	Diarrhea
Nausea	Vomiting
Blood in stool	Other:
Have you ever been diagnosed with a GI related disease/illness/condition	
Yes	No
If Yes what condition(s)	

Informed Consent

I understand that **Edward Wright, PharmD** is initiating and/or managing therapy for consultation services provided. Following consultation handout will be mailed with write up on findings and recommendations

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

$225.00 for 60 minutes consultation fee
____ Nutritional Consultation
____ GI/GUT consultation

$150.00 for 60 minutes consultation fee
____ Medication Evaluation Consultation
____ Supplement Evaluation consultation

$88.00 for 30 minutes consultation fee
____ Medication Evaluation Consultation
____ Supplement Evaluation consultation

In addition to consultation fee there may also be costs associated with labs needed for consultation

Payment due for labs prior to consultations
Consultation fee due after services rendered

_____ _____
Patient Name (printed) Date of Consent

_____ _____
Patient Name (signature) Date