

# Live Blood Cell Microscopy Intake Form

Date \_\_\_\_\_

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_

How did you hear about Live Blood Microscopy? \_\_\_\_\_

Do you currently see a Naturopathic Doctor? Yes No

If so, who: \_\_\_\_\_

Past History of any Medical Condition/Year \_\_\_\_\_

Major Health Complaints \_\_\_\_\_

Any known Allergies? \_\_\_\_\_

Medications Taking/Dosage \_\_\_\_\_

Do you take Vitamins or Herbs now or in the past? Yes No

List \_\_\_\_\_



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I understand that this is a screening test and for research purposes only. This assessment tool is not diagnostic and is not to replace my Physician or Medical Practitioner's advice or instructions. One should always seek advice from a medical doctor for any concerns.

This test can be a useful tool for you and your Practitioner to help visually see what's going on your blood. However, live blood is not used as a diagnostic procedure for your Naturopathic Doctor or Practitioner but merely a used for your own educational purposes in your blood.

I understand that a record will be kept of the health services provided by Microcell Sciences Inc. Your chart can be used if booked at any locations. This record will be kept confidential and will not be released to others unless so directed by oneself or unless law requires it.

I further authorize the use of a Lancet to obtain a blood sample for the purposes of this test. \_\_\_\_\_ (initial)

I attest that I am not associated with any institution that would use any information, spoken or observed, for entrapment or obtaining material for use that would be used in anyway against any contractors of Microcell Sciences Inc.

Please be advised that any supplements prescribed are the sole responsibility of yourself. \_\_\_\_\_ (initial)

I will advise contractors of Microcell Sciences Inc. prior to this test if I have AIDS, HIV or Hepatitis. Do you have any of these listed above?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like to be part of Microcell Science Inc. Newsletter? YES NO

