

Please complete form and FAX or bring to follow-up appointment, thank you.

Follow up Consultation Form

*Required

*Name _____

*DOB _____

*Date and Time of Appointment _____

(Fill out contact information **only** if address/phone has change since initial consult)

Street
Address _____

City _____ State _____ Zip code _____

Phone _____

*What is the most important information/help you would like to receive today?

I agree to receive nutritional and/or diabetes education from Propel Health, Inc. The information above is accurate and I agree to compensate Propel Health, Inc. if my insurance carrier(s) does not cover consultation whether it's due to a non-covered service or the referral from my physician has not been activated or approved.

*Signature _____ *Date _____

Thank you. Jeff will be with you shortly.

Propel Health, Inc.'s Offices for Consults: 1012A Union Road-within Fitness Factory in Southgate Plaza in West Seneca & 3950 East Robinson Road, Suite 207 in W. Amherst.

PHONE: (716) 674-1148

FAX: (716) 674-1153