



Carrie Thienes, BS, MAT, NTP  
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[www.nwholisticnutrition.com](http://www.nwholisticnutrition.com)

## Remote Consultation Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Best time(s) to reach you: \_\_\_\_\_

Preferred Mode of Communication: (Check all that apply)

\_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Live Chat \_\_\_\_\_ Skype

Preferred Mode of Document Management: (Check all that apply)

\_\_\_\_\_ E-mailed \_\_\_\_\_ Snail-Mail

<b>Remote Consultation Fee</b>	Hair Analysis, Interpretation, Dietary Recommendations, Food Journal Analysis, Comprehensive Health History and Symptom Burden Report, Menu Plans, Supplement Protocol, Support	<b>\$225</b>
<b>Additional Functional Blood Chemistry Analysis</b>	Over 40 biomarkers are taken in a full CBC with differential, lipid panel, thyroid panel, and general chemistry screen. These markers are interpreted for functional ranges in order to determine underlying mechanisms and disease trends	<b>Add \$50</b>

Enclosed is a payment of \_\_\_\_\_ for an initial remote consultation.

Please make checks out to:

Carrie Thienes, NTP  
 NW Holistic Nutrition  
 650 SW Meadow Dr. Suite 121  
 Beaverton, OR 97006

**All intake forms to begin the process will be mailed to you upon receipt of payment and this completed form.**

*Note: NW Holistic Nutrition does not bill insurance at this time. However, a receipt of all Nutritional Therapy services will be provided that can be submitted for reimbursement from Health Savings Accounts and Health Reimbursement Accounts.*