

EO Naturopathic Clinic
Dr. Eiji Ozawa N.D.

3220 West Sepulveda Blvd. Suite 103
Torrance, CA 90505
310.326.8625

How did you hear about our clinic?

What motivated you to choose this clinic?

Are you Interested in Scheduling an Office Visit with One of Our Doctors for Comprehensive Primary Care? (circle one)

Yes / No

Informed Consent For Treatment

I hereby request and consent to receive medical care by Dr. David Y. Wong, M.D. and/or Dr. Eiji Ozawa N.D. or other medical associates (medical assistants, nurses) who now or in the future may treat me while working at or associated with or serving as back-up for the above named doctor, whether signatories to this form or not. By signing this form, I hereby am giving consent only for Vitamin B12/B-Complex Shots and no other health advice. In the event an adverse reaction may occur from receiving a B-12/B-Complex Shot, the signature below releases any liability and damages, should this occur, to David Y. Wong, MD and incorporation, and treating staff. Further, this intake form is not a replacement for the clinics Standardized Intake Form which is used for office visit purposes. I have read, or have had read to me, the above information and I consent. I have also had an opportunity to ask questions about the consents content, and by voluntarily signing below I agree to the above-named procedures.

Guardian/Personal Representative's Name (PRINT) Patient's Name (PRINT)

Guardian/Personal Representative's Signature Patient's Signature

Relationship/Representative's Authority

Date

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Vitamin B12/B-Complex Shots Intake Form

Personal Information

Name: _____ Date: _____

Address: _____

State: _____ City: _____ Zip: _____

Phone#(home): _____ (work): _____ (cell): _____

Email Address: _____

Age: Date of Birth: _____ Gender: M / F

Emergency Contact Phone: _____ Relationship: _____

Health History

Ongoing Medical Issues

Current Prescription Medications (Include: Name of Medication. Dosage. How Often Takers)

Drugs Allergies (Include Name of Drug & Allergic Reaction^)

Have You Ever Had a B12/B-Complex Shot Before? (circle one)

Yes / No

If Yes to Having a B-12/B-Complex Shot Before, Have You Ever Had any Allergies to The Shot? (circle one)

Yes / No