



Glen Depke, Traditional Naturopath
Lynda Buitrago, Holistic Health Thyroid Specialist

New Client Intake

Client Name _____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____

Email Address _____

Would you like to receive the complimentary weekly Depke Wellness newsletter? [] Yes [] No

How did you hear about Depke Wellness?

What are your three main health concerns?
1. _____
2. _____
3. _____

Glen Depke and Lynda Buitrago of Depke Wellness do not diagnose or treat disease. Rather Glen, Lynda and Depke Wellness will aid in recognizing imbalances and include recommendations to shift to balance with the goal of allowing the body's own innate healing abilities to create wellness. This may be done through nutrition, ERT, herbs, homeopathy, supplements or any other non-invasive technique. We understand that it is my choice to follow any recommendations provided.

If I am unable to keep an appointment, I agree to cancel at least 24 hours in advance. Unless there is an illness or emergency, I agree to pay the full appointment fee. I understand all the information above, and I have completed this form to the best of my knowledge.

Client or Guardian

Signature _____ Date _____