

Valeo Health and Wellness Center
Application Form

WELCOME TO OUR OFFICE! We specialize in assisting people to achieve their highest level of health through Chiropractic Neurology, Brain-Based therapy, and metabolic corrective programs. Our approach may be considered very unique and advanced from other rehabilitative programs so we have strict requirements in accepting new patients. This allows our patients to achieve far superior results compared to most other systems.

In order to be seen, I agree to:

- Complete Daily Food Intake for 5-7 days.
- Obtain and send in most recent blood labs (if any).
- Fill out paperwork. Mail, fax, mail or drop off at Valeo prior to scheduled appointment
- Wear comfortable clothing to first appointment
- Watch "YOUR FIRST VISIT" video found on our website under the Resources tab

I agree to the above terms and understand that should I not have the paperwork completed and sent to the doctor BEFORE my scheduled exam, my appointment will need to be rescheduled.

During your second appointment (Report of Findings) your doctor will go over the results of your exam. You will learn what is going on with your health, whether we can help and what it will take to help you regain your health as well as the cost involved. Because this can be a lot of information, we require that your spouse (if applicable) attend this second appointment with you. If not, we recommend a loved one or friend who can support you attend with you. They will be a second set of ears, ask questions you may not think of and help you make this health and financial decision.

I agree that when I come in for my results appointment (Report of Findings) my spouse will attend with me.

I agree and understand that should I receive a Consultation on my case as outlined in this paperwork, that the doctors at Valeo Health and Wellness are assessing my case on the basis of their chiropractic license alone and do not diagnose or treat any disease including cancer. I agree and understand that it is my responsibility to seek appropriate medical care in such cases.

Signature _____
Today's Date _____

PLEASE EMAIL/FAX/MAIL/DROP OFF PAPERWORK BEFORE YOUR SCHEDULED EXAM.

EMAIL: INFO@VALEOWC.COM

FAX 952-949-0868

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