



Please list any chronic medical conditions:

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Please list your primary care provider name (if applicable) and any specialists that you see and what you see them for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for visit:

- Establish primary care
- Establish care with Carole for Nutrition therapy
- Specialty services (hormone management (all genders) , GYN care etc)