

# Forward Natural Medicine LLC

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Dear New Patient,

We want to welcome you to Forward Natural Medicine LLC. Our mission is to improve your chronic health condition as much as possible in our time together and to teach you how to manage your own health for the rest of your life. There are a few requirements and an understanding that needs to be established before we enter our trusted doctor/patient relationship. Please initial after each point signifying that you understand:

1. This clinic does not always follow traditional medicine standard of care. This means that we may recommend labs/tests that are well beyond what your medical doctor would do. This is done because we are interested in looking at the body as a whole and when doing so we can identify underlying causes of illness. Many of our tests, if any, may not be covered by insurance.
  - Initials: \_\_\_\_\_
2. Our clinic utilizes a functional medicine/laboratory approach along with functional neurology, naturopathic modalities, and traditional chiropractic. Any one of these disciplines may be used to help you regain your health
  - Initials: \_\_\_\_\_
3. It is extremely important that you fully understand the “why” behind what we do. For this reason we require that you watch our full-length video/DVD or have attended our workshop pertaining to your condition in its entirety. The video length is approximately 30-60 minutes long. By initialing below, you are agreeing to have watched the full-length video or attended a workshop.
  - Initials: \_\_\_\_\_
4. In order for you to regain your health there will be dietary changes, neurological and/or traditional exercises to be done as well as lifestyle changes.
  - Initials: \_\_\_\_\_
5. At the present time we do not accept insurance. However, we can provide proper documentation for you to submit to your insurance for out-of-pocket expenses. Typically this cost will range from \$1,000 - \$5,000. The exact cost of care and your options to pay for it will be explained in detail at the second visit.
  - Initials: \_\_\_\_\_

I have read and fully understand all of the above. I desire to have an initial consultation and examination by the doctor today. I understand that in doing so I am under no obligation for future care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sincerely,  
Dr. Ashley Woyak, N.D., D.C.