



## Lifestyle Choices

How often do you cook at home?	Typical foods cooked?
How much water do you drink daily?	Water type:
How often do you eat out/fast food?	Restaurants:
Do you consume artificial sweeteners?	Type/Frequency:
Do you drink alcoholic beverages?	Type/Frequency:
Do you use tobacco or tobacco products more than casually? Yes/No Type/Frequency:	
Do you have pets? (Indicate # of each) ___ Dog ___ Cat ___ Fish ___ Bird ___ Other _____	
Do you use organic products? Yes/No	How often:

By signing below, I verify that I understand that the providers at Pharma 1 are not physicians and that the counsel given is restricted to the correction of underlying deficiencies, optimizing hormonal imbalances, dietary guidance, symptom management and nutritional counseling. This counseling is not a substitute for medical care by my primary care physician, nor is it intended to diagnose or treat any disease.

(Please sign below)

**Signature:**

**Date:**



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**Please give a 24-hour notice for cancellation of appointments**

**PLEASE CIRCLE ONE**

Initial Hormone Therapy Consult (60 to 90 mins) - \$150

Initial Nutritional Consult (60 to 90 mins) - \$125

Follow Up Hormone Therapy Consult - \$50/30 minutes

Follow Up Nutritional Consult - \$50/30 minutes

Body Composition Testing - \$25

Blood Typing - \$25