



Dr. Arlan Cage, ND

Wellness Clinic – Hamilton, Montana – www.drcagesays.org

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New Patient Application

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Type of Application: ___ Individual ___ Family

 If family how many ___ adults ___ children 17 or under

Reasons for seeking health care at the Dr. Cage Wellness Clinic. (check all that apply)

___ Treatment for specific condition(s) (list by family member)

___ New to area, need to establish care with a doctor

___ The conventional medical system just isn't working for me

___ Specifically looking for a natural health care provider

___ Looking for ways to prevent long term chronic illnesses

___ Interested in healthy, optimal longevity

Interested in and/or have experience with the following therapies. (check all that apply)

___ nutrition: high quality foods

___ homeopathy

___ nutritional supplements

___ physical manipulation

___ herbal medicines

___ hydrotherapy

___ energy medicine

___ Education to upgrade health & life quality

What are your health goals?

