



PRACTICE PROFILE

The information requested below allows us to continue to better understand your practice. It is also used for referral purposes on our website, for people who wish to find NEM practitioners. **Completion of the Primary Course and Membership are essential for this listing.** Please complete this form carefully and return it to us as soon as possible, even if you have completed one previously. Please notify us when you change details or if you wish to be removed from the list

Name: _____

Profession: GP Naturopath Dietician Other _____

Specialty: (eg. men's health, depression/anxiety, cancer): _____

Other key areas of interest: _____

Do not treat: (list conditions) _____

Do you give IV / IM vitamins / minerals at your clinic? Yes: No:

Do you give CHELATION therapy at your clinic? Yes: No:

Surgery #1 Details:

Surgery Name: _____

Surgery Address: _____

Phone: _____

Email: _____ Website: _____

If more than one surgery please complete below:

Surgery #2 Details

Surgery Name: _____

Surgery Address: _____

Phone: _____

Email: _____ Website: _____

Surgery # 3 Details

Surgery Name: _____

Surgery Address: _____

Phone: _____

Email: _____ Website: _____