

# Nutrition Works New Patient Profile: INITIAL CONSULTATION

*In anticipation of your initial consultation, I invite you to answer the questions in this form. Please note the office policies are listed at the bottom of this page. Your signature at the end of the page indicates that you have read and agree to honor these policies.*

*I will review your answers at the time of our appointment. Thank you for your time and attention. I look forward to working with you.*

Warm regards,  
Bonnie Y. Modugno, MS, RD

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Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Referral Source \_\_\_\_\_

Diagnosis/Primary Concern(s):

## OFFICE POLICIES

1. Payment for service is expected at the end of each appointment, unless otherwise arranged.
2. Reimbursement for nutrition services depends on your diagnosis, insurance carrier and type of coverage. An itemized billing statement will be completed for you at the end of your appointment.
3. Initial appointments are 80 minutes; follow-up sessions can be scheduled for 25 or 50 minute sessions.
4. Appointments commence at 10 minutes after the hour or half hour for all appointments.
5. Patients are responsible for their appointment time. Please observe a 24 hour cancellation notice: **Clients are responsible for payment if they do not notify the practitioner at least 24 hours in advance.**

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

