

the healthXchange

Ashley Koff RD

NEW PATIENT FORM

Name _____

Phone (best # to reach you at) _____

Email address _____

Referred by _____

Age _____

What information do you hope to learn from the nutritionist?

Please list any diseases, medical conditions, or physical ailments current or in your past.

Please list any medications, vitamins, herbal and / or dietary supplements you currently take / use (pills, powders, teas, shakes, etc.) and the length of time for which you have done so (note those used sporadically as well) *It is extremely helpful to bring these supplements with you to your initial appt.:*

Please describe your current activity schedule (use what you did last week) and note any limitations (pain, injuries, etc.)

Please list any known food allergies / sensitivities / foods you avoid & the reason.

Please describe your weight history (approximate weight each decade beginning with childhood, self-perception, and, if applicable, diet type & results)

Who or what makes you laugh? _____

the healthXchange Patient Agreement (please read & sign below):

1. I agree that all the information presented here is truthful to the best of my knowledge.
2. I agree to a 24 hour cancellation policy (by voicemail to 323-251-7537) otherwise I will be billed for the visit [please provide a credit card # that will be kept on file
 - a. Credit Card # _____
 - b. Exp. Date _____
3. I agree to maintain the privacy of others at the healthXchange clinic(s) by not disclosing their names to friends, family, colleagues or members of the media at any time.

Patient Signature _____ Date _____

Please also fill out a Menu Worksheet for one day this week – note what you ate and drank, using portion examples wherever possible.

Thank you. In exchange for your efforts, I agree to make my best effort to help you achieve your personal health goals. I look forward to working with you!