

Patient Registration Form

Name _____

Home Address _____

Date of Birth _____ Social Security # _____

Pharmacy Name _____

Pharmacy Number _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____

Email _____

Name of Person Responsible for the Bill _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Referred By _____

Reason for Referral _____

Current Doctor _____ Phone (_____) _____

Address _____

Occupation _____

Employer _____

Insurance Information: Company _____ Group ID _____

Member ID _____ Other _____

Nutrition Solutions Policies

1. Consent for Care

I request and give consent to Kathy Kaufmann-Alderete, RD, CCN to perform assessments and recommend treatments for nutrition enhancement and not for disease treatment. The information that I receive is not a substitute for a consultation with my personal physician. I have discussed with Kathy Kaufmann-Alderete the purpose of nutrition health consulting. As with all healthcare recommendations, I understand the results are not guaranteed. I understand that Kathy does not practice medicine, diagnose, cure, or treat disease. I understand that my consultation records will be kept confidential and will not be released to others without my permission.

2. Appointment Cancellation Policy

All appointments, including phone consultations, are scheduled for a specific date and time. You will be **charged** for missed appointments unless Nutrition Solutions is notified of cancellation **at least 24 hours** in advance or in case of an emergency.

3. Medical Insurance

Medical insurance companies may or may not offer coverage for outpatient nutrition counseling, so you should carefully investigate the types of coverage you may have. Although you may have insurance that will reimburse you, please understand that it is your responsibility to pay for your visit and to have your insurance company reimburse you if applicable.

4. Email Communication

Email is an excellent communication tool but responses to multiple questions or particularly complex issues can be quite time consuming. Thorough responses require significant research and composition time. Email communication is not intended to replace a formal consultation unless a time and fee schedule has been established. For brief clarification or follow-up, email or a phone call will usually suffice. All email or phone call follow-ups must be related to an ongoing clinical work-up or nutritional plan. Your cooperation and understanding is greatly appreciated.

5. Laboratory Testing

All laboratory work in this office is approved by a licensed physician.

6. Physician Consultant

The Medical Consultant to this practice is Eddie Alderete, MD.

7. Payment Information

Payment is expected at time of the appointment in the form of check, cash, Visa, MasterCard, or Discover. Checks are to be made out to **Nutrition Solutions**. Internet based clients agree to pay in full prior to the service performed.

8. Return Policy

- 1) Products must be returned unopened within 14 days of purchase for full refund.
- 2) **A 15% restocking fee will be charged for unopened products returned between 15-60 days of purchase. Products will not be refunded if returned after 60 days of purchase.**
- 3) Products that have been opened will not be accepted for restocking, as they are not marketable.
- 4) Products purchased through a supplement company on our website may not be returned in the office, but through the corresponding supplement companies return policy on **their** website. Please call the supplement company for return questions if you ordered products online.

9. Online Product Purchasing and Office Product Orders

- 1) Kathy Kaufmann-Alderete, RD, CCN has spent a large portion of her career researching and recommending the highest quality supplements available. The evidence-based products recommended by Kathy exceed the standards set by the FDA and Current Good Manufacturing Practices (CGMP). Supplements are not intended to diagnose, treat, cure, or prevent any disease.
- 2) Products can also be purchased on-line from various vendors that Kathy recommends. If you would like to order on-line from these vendors, you will need to obtain access codes in order to do so.
- 3) When ordering products directly from our office by phone or email, you will be charged when the order is placed.
- 4) Products are intended for use by Nutrition Solutions clients only. Nutrition Solutions is not held liable or accountable for any adverse reactions, ill effects, or misuse of recommended products

10. Chart Xerox/Postage Fees

Nutrition Solutions copies all test results ordered and are given to the patient at their test result appointment. If we receive an order from your healthcare provider for test results and/or chart to be copied and mailed to your provider, there will be a **\$25-\$100.00 copy/postage fee.**

I have read and understand the above information. I have also had the opportunity to ask questions about its content and by signing below, I agree to these conditions.

Name of Client

Signature of Client

Date