

Basic Information

Full Name _____
First Middle Last Suffix

Sex Male Female Unknown Date of Birth _____/_____/_____

Primary Phone Home Mobile Work Phone Number _____

Email _____ Social Security Number _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____

Marital Status _____ Maiden Last _____

Driver's License State _____ Driver's License # _____

Demographics

Sexual Orientation _____ Gender Identity _____

Hispanic or Latino? Yes No Decline to Specify Ethnicity _____

Race _____ Language _____

Emergency Contact

Relationship to Contact _____

Full Name _____
First Middle Last

Primary Phone Home Mobile Work Phone Number _____

Email _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____

Financial Information

Responsible Party

Who will be financially responsible for you? Myself Someone else

If you chose "Someone Else", please fill out the following:

Relationship to Contact _____

Full Name _____

First

Middle

Last

Primary Phone Home Mobile Work

Phone Number _____

Method of Payment

What will be your method of payment? Insurance Self-Pay

If you chose "Insurance", please fill out the following:

PRIMARY INSURANCE POLICY

Insurance Company _____

Policy Number _____

Insurance Plan _____

Insurance Phone Number _____

Group Number _____

Insurance Company Address _____

Address Line 2 _____

City _____

State _____

Zip _____

Relationship to Primary Policy Holder _____

If you are not the primary policy holder, please fill out the following:

Full Name _____

First

Middle

Last

Sex Male Female Unknown

Date of Birth _____ / _____ / _____

Policy ID Number _____

Social Security Number _____

Policy Holder Address _____

Address Line 2 _____

City _____

State _____

Zip _____

If you are unable to provide your insurance information, please provide a reason before continuing.

SECONDARY INSURANCE POLICY

If you do not have a secondary insurance policy, you can leave this blank.

Insurance Company _____ Policy Number _____

Insurance Plan _____ Insurance Phone Number _____

Group Number _____

Insurance Company Address _____ Address Line 2 _____

City _____ State _____ Zip _____

Relationship to Secondary Policy Holder _____

If you are not the secondary policy holder, please fill out the following:

Full Name _____
First Middle Last

Sex Male Female Unknown Date of Birth ____ / ____ / ____

Insurance ID Number _____ Social Security Number _____

Policy Holder Address _____ Address Line 2 _____

City _____ State _____ Zip _____

Additional Information

Please list your preferred pharmacies in order of preference

Pharmacy Name	Pharmacy Address

How did you hear about us? _____



Nutrition As Therapy

Magnolia Vela, MS, RD, CDE

No Show Fee Policy

I understand that if I am going to reschedule or cancel the appointment that I need to call 2 business days in advance before the scheduled appointment to (562) 424-4055. Failing to do so will result in a \$50.00 no show fee. The fee will be applied to your account and will be due before your next appointment.

I understand that scheduling an appointment and cutting it short or not giving the dietitian my 100% undivided attention can count as a No Show ____

I understand that scheduling an appointment for a minor that is older than 8 years of age and not having him/her present can also count as a No Show ____

Please make sure you are ready for the appointment with video on your computer or phone (we use RingCentral) so that the dietitian can give you the best possible appointment during the dedicated consult time.

I have read and understand the previous.

_____ Date _____
Patient or Legal Guardian Name

Signature

.....

Poliza De Incumplimiento

Entiendo que si voy a reprogramar o cancelar mi cita, debo llamar con 2 días hábiles de anticipación antes de mi cita programada al (562) 424-4055. De lo contrario, se aplicará una tarifa de no presentación de \$ 50.00. El cargo se aplicará a su cuenta y deberá pagarse antes de su próxima cita.

Entiendo que programar una cita y acortarla o no darle a mi dietista el 100% de mi atención puede contar como Incumplimiento (No Show) ____

Entiendo que programar una cita para un menor, mayor de 8 años y no tenerlo presente también puede contar como Incumplimiento (No Show) ____

Asegúrese de estar listo para su cita mediante video a traves de su computadora o telefono inteligente (usamos RingCentral) para que su dietista pueda darle la mejor calidad de servicio posible durante su tiempo de consulta.

He leído y entiendo lo anterior.

_____ Fecha _____
Nombre del Paciente o Representante

Firma