



Client Personal Information Form

Name _____

Home Address _____

Telephone: Home _____ Work _____ Cell _____ Preferred _____

Email _____

Birth Date _____ Sex _____ Marital Status (optional) _____

Employer _____ Occupation _____

Current Physician _____ Phone _____

Physician's Address _____

Referral Received Yes No If yes, Diagnosis Provided: _____

Superbill Provided Yes No Date(s): _____ Initial(s): _____

For Insurance Reimbursement Only:

Social Security Number _____

Insurance Provider _____ Group/Policy # _____

Subscriber's Name _____ Social Security # _____ Relationship _____

Subscriber's Address _____

Subscriber's Birth Date _____ Subscriber's Employer _____

Authorization (to be signed in the presence of Core Nutrition, LLC Dietitian)

- I. I hereby acknowledge that I have received a copy of the HIPAA privacy notice and understand my rights under the Health Insurance Portability and Accountability Act.
- II. I hereby authorize insurance and/or Medicare payments to be sent to Core Nutrition, LLC, if applicable.
- III. I understand I am financially responsible for services rendered to me by Core Nutrition, LLC.
- IV. I hereby agree to have my visits with Core Nutrition, LLC, communicated with my primary care physician.
- V. I understand that I am responsible for updating my physician information as it may change with Core Nutrition, LLC.

Client Signature _____ Date _____

What are your personal nutrition goals? _____

Have you ever worked with a Registered Dietitian? _____ If yes, who: _____

Health Statistics:

Height _____ Weight _____ Usual Weight _____

Goal Weight _____ Highest Weight Since Age 18 _____ Lowest _____

Do you have any food allergies / intolerances? _____

Current medical and health status _____

Past medical history including major illness and surgery _____

Medications _____

Vitamin / mineral supplements and herbal preparations _____

Who does the cooking? _____ Shopping? _____ Do you use coupons? _____

What are your favorite foods? _____

Do you smoke? _____ If yes, how many per day? _____

Do you drink alcohol? _____ If yes, what kind _____

How often _____ How much at a time _____

Do you exercise? _____ If so, what kind of exercise? _____

How long and how often do you exercise? _____

How many times a week do you dine out or purchase fast food? _____

Where do you dine out or purchase fast food? _____

What foods do you dislike? _____
