

# NUTRITIONALLY BALANCED



## Danielle Geiger, MS, RD & Associates NEW PATIENT INFORMATION SHEET

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_

WHO REFERRED YOU? (THEIR NAME): \_\_\_\_\_

EMAIL ADDRESS (GMAIL PREFERRED): \_\_\_\_\_

### MEDICAL HISTORY: Please check all that apply to you

<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer
<input type="checkbox"/> Chron's Disease	<input type="checkbox"/> Colitis	<input type="checkbox"/> Type I Diabetes	<input type="checkbox"/> Constipation
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Type II Diabetes	<input type="checkbox"/> CHF
<input type="checkbox"/> Heartburn	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> ^Blood Pressure	<input type="checkbox"/> ^ Cholesterol
<input type="checkbox"/> ^ Triclycerides	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Hypothyroid	<input type="checkbox"/> Lactose Intol.
<input type="checkbox"/> Menopause	<input type="checkbox"/> Over Weight	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Reflux
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Gout	<input type="checkbox"/> Kidney Damage
<input type="checkbox"/> Please list any surgeries that you feel I should know about: _____			

OTHER: \_\_\_\_\_

List Your Current Medications:  
NAME OF MEDICATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Vitamin/Mineral/Herbal Supplements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR MEDICATION LIST COMPLETE?      Y      N

ST. JAMES LOCATION  
872 MIDDLE COUNTRY ROAD  
ST. JAMES, NY 11780

PHONE: 631-940-7777  
FAX: 631- 940-0478  
DGEIGERRD@LIVE.COM  
NUTRITIONALLYBALANCEDLI.COM

NORTH BABYLON LOCATION  
1398 DEER PARK AVENUE  
NORTH BABYLON, NY 11703

**EXERCISE HISTORY**

Do You CURRENTLY Follow Any Specific Exercise Program?    Y        N

How Many Days Each Week? \_\_\_\_\_

Cardiovascular?        Y        N        Weights?        Y        N

**WEIGHT LOSS HISTORY:**

Which Of The Following Weight Loss Programs Have You Tried?

<input type="checkbox"/> Jenny Craig	<input type="checkbox"/> L.A. Weight Loss	<input type="checkbox"/> Stay Slim	<input type="checkbox"/> Weight Watchers
<input type="checkbox"/> NutriSystem	<input type="checkbox"/> Slim Fast	<input type="checkbox"/> Atkin's	<input type="checkbox"/> The Zone
<input type="checkbox"/> Suzanne Somers	<input type="checkbox"/> Keto	<input type="checkbox"/> Other Dietitian	
<input type="checkbox"/> South Beach Diet	<input type="checkbox"/> O.A.	<input type="checkbox"/> Other Program: _____	

DO ANY OF YOUR DOCTORS HAVE YOU ON ANY DIETARY RESTRICTIONS?

Y        N

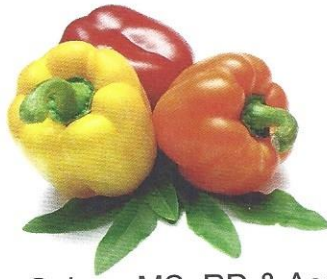
IF YES, PLEASE LIST:

---

---

---

## NUTRITIONALLY BALANCED



Danielle Geiger, MS, RD & Associates

### OFFICE POLICIES AND COURTESIES

1. For those who have co-payment or co-insurance, payment is due at the time of your session unless other arrangements have been made. Payments can be made in cash, checks made payable to Danielle Geiger or cash, or by credit/debit card.
2. We will verify your insurance coverage for you prior to your visit. Your insurance may or may not cover services rendered, even with a referral from your doctor. **If your insurance company denies a submitted claim, you will be billed for the session.**
3. If a referral is required for your insurance company, it is YOUR responsibility to know this and to get one. We will help you obtain a referral from your PCP if needed.
4. As a courtesy, we will confirm your appointment a few days in advance via text reminders however, it is your responsibility to remember your appointment.
5. Special time has been set aside for your appointment and we request that if you need to reschedule your appointment, please offer at least 24 hours notice. A cancellation policy will apply.
6. Your signature signifies that you have been shown and have read the office HIPAA Notice of Privacy Practice Statement.

I have read and understand the office policies and courtesies as outlined above.

\_\_\_\_\_  
SIGNATURE OF PATIENT

(PARENT OR GUARDIAN IF UNDER 18)



## NUTRITIONALLY BALANCED



Danielle Geiger, MS, RD & Associates

### CANCELLATION POLICY

As of January 1, 2008, a cancellation policy has been put into place. Special time has been set-aside for you. These time slots are valuable and cannot be filled should you cancel last minute. A 24-hour cancellation time is required for your appointment. Should you cancel your appointment within 24 hours of your scheduled time or no-show for your appointment, you will be responsible for a \$30.00 missed appointment fee. Your insurance company cannot be billed for this fee. You will be billed directly.

If you make up your appointment at another available time slot in the same week, your missed appointment fee will be waived.

Thank you in advance for your understanding and cooperation.

Danielle Geiger, RD

---

SIGNATURE

Your signature signifies that you have read and understand the terms of the cancellation policy and gives us permission to bill your credit card on file for this fee.

ST. JAMES LOCATION  
872 MIDDLE COUNTRY ROAD  
ST. JAMES, NY 11780

PHONE: 631-940-7777  
FAX: 631- 940-0478  
DGEIGERRD@LIVE.COM  
NUTRITIONALLYBALANCEDLI.COM

NORTH BABYLON LOCATION  
1398 DEER PARK AVENUE  
NORTH BABYLON, NY 11703

**Danielle Geiger, RD and Associates**  
**872 Middle Country Road, St. James, NY 11780**

**HIPAA Notice of Privacy Practices Statement**

**Notice of Information Practices and Privacy Statement for Danielle Geiger, RD and Associates** located at 872 Middle Country Road, St. James, NY 11780..

**How We Collect Information About You:** Danielle Geiger, RD, independent contractors, students and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, drop box systems, voicemails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

**What We Do With Our Information:** Information about your financial situation and medical conditions and care that you provide to us in writing, via email, or on the phone (including information left on voicemail), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

**How We Do Use Your Information:** Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between Danielle Geiger, MS, RD and associates and health care providers, medical product or service providers, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of healthcare services you need.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

**Limited Right to use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:** Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of Danielle Geiger, RD and Associates. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us for fundraising and promotional purposes that are directly related to our mission.

Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

**I have read and/or received a copy of the Patient Notice of Privacy Practices of Danielle Geiger, RD and Associates.**

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_