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**Welcome!** I look forward to working together to help you achieve the goals that motivated you to find me. Please do your best to fill out these forms prior to our first appointment. You may then email or fax the completed paperwork to me before we meet, or simply bring it with you to your appointment. If you find any of the questions in the Client Assessment too overwhelming, just leave it blank and we can discuss. Also, you can find a HIPAA Notice of Privacy Practices for your review on my website. If you have any questions at all, please feel free to contact me anytime.

To your health,  
Minh-Hai Alex, MS, RD, CSSD

## **Payment & Cancellation Policies**

### **General Payment Information**

All services may be paid by check, cash, credit or debit card. Please make checks payable to Minh-Hai Tran. You can also pay online on my website using PayPal. For discounted non-insurance rates, payment is due either prior to the service or at the time of service. If we are billing your insurance company, my billing service Liberty Billing, LLC will submit the claim to your insurance company. After your insurance company processes the claim (which may take up to several weeks or more), we can then determine what you owe (e.g. co-pay if there is one, remaining amount or amount applied to your deductible). If there is a remaining balance, you will receive this invoice in the mail.

\*Please keep in mind that if your insurance company does *not* cover nutrition visits for your health situation, you will save more money by choosing either the discounted rate at time of service or one of my package deals, which are all listed online at [www.mindfulnutritionseattle.com](http://www.mindfulnutritionseattle.com).

A flat fee of \$25 will be charged for all returned checks.

### **Insurance Billing continued**

I am a preferred provider for Aetna, Regence, Premera, First Choice, and Cigna. However, due to the complexity of insurance plans, I am unable to know each carrier's reimbursements. Please contact your insurance company directly for your specific benefits. If you need assistance, let me know, and my billing service Liberty Billing, LLC may be able to help us. Mindful Nutrition cannot be responsible for loss if benefits are denied. In the event your insurance company determines a service "not covered" you will be responsible for the complete charge and payment will be due upon notice from our office or Liberty Billing, LLC.

### **Cancellation Policy**

There is a 24-hour cancellation policy. If you need to cancel a Sunday appointment, please do so before noon the Friday before so that I have time to schedule someone else in your time slot. The late cancellation fee is \$75 for a 50-minute appointment and \$50 for a 30-minute appointment. By scheduling an appointment, you are making a commitment not only to your health, but to me as well. I appreciate your consideration.

Dx: \_\_\_\_\_

## Client Registration

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Permission to leave a message at: Home yes[  ] no[  ] Work yes[  ] no[  ] Cell yes[  ] no[  ]

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor/Primary Care Provider: \_\_\_\_\_ Permission to contact: yes[  ] no[  ]

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ SS #: \_\_\_\_\_

Person responsible for payment (if not the patient): \_\_\_\_\_

Responsible party address/city/state/zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive *free* e-nutrition tips from me? (Note: you can unsubscribe any time): yes[  ] no[  ]

### INSURANCE INFO (if you are using):

Primary Insurance: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

ID#: \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

I was referred by: \_\_\_\_\_ Doctor/Practitioner #: \_\_\_\_\_

I have been given a handout explaining the services and policies of this office. I have had the opportunity to discuss any concerns or questions that I might have. I understand my rights and my responsibilities as outlined in the above-mentioned handout. I am also responsible to pay for all missed appointments and late cancellations.

Patient and/or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Client Nutrition Assessment

Please describe the primary purpose of our meeting:

What would you like to achieve by working together?

- Short-term?
  
- Long-term?

Please list any medical diagnoses or procedures that I should be aware of (e.g. diabetes, PCOS, IBS, bariatric surgery):

Please list any abnormal lab values I should be aware of (e.g. high cholesterol, low vitamin D, low iron):

Current medications:

Supplements (and doses if you know them):

Please list any mental health diagnoses I should be aware of (e.g. depression, bipolar, PTSD, OCD):

Please list any family history of chronic illness (e.g. diabetes, high cholesterol, heart disease, eating disorder, cancer):

Known allergies:

Please list any digestive issues (e.g. constipation, diarrhea, gas)

Please describe your activity level (type, duration, frequency):

How is your sleep (quality, quantity)?

How is your energy level?

Please describe your alcohol intake (amount and frequency):

Do you currently smoke or have a history of smoking? If so, when did you quit?

For women, please describe your menstrual history (e.g. missed periods past 6 months, regular monthly, menopause):

Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Please describe your weight history (leave blank if it feels uncomfortable and we can discuss together):

Do you currently weigh yourself and how frequently?

Please describe your dieting history (e.g. Weight Watchers, counting calories):

Who usually does the grocery shopping and where?

Who does the cooking?

How often do you dine out and what kind of restaurants?

What was food like growing up in your house? How about now?

Please describe a typical weekday of eating:

<u>Time</u>	<u>Food &amp; Approximate Amount</u>	<u>Comments</u>
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If your meal/snack patterns tend to change on weekends, please describe a typical weekend day:

<u>Time</u>	<u>Food &amp; Approximate Amount</u>	<u>Comments</u>
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What do you do for relaxation/pleasure/fun?

Have you worked with a nutritionist/dietitian before? yes[ ] no[ ]

If yes, what was your experience?

How did you hear about Mindful Nutrition?

Please list any other information you would like me to know: