Client Intake and Medical Information Form

Leah Van Dolder, RD
Registered Dietitian
Blue Oaks Counselling & Wellness
82 Hume Street, Collingwood, ON
L9Y 1V4
(705) 444-0381

Please complete this form and send back prior to your initial consultation. *All information provided will be kept strictly confidential.*

GENERAL INFORMATION:

Name: _____ Date: _____

Address:_____ Postal Code: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Age: _____ Height: _____

Marital Status: _____

Physician's Name / Address / Tel. No._____ _

_____

May he / she be notified of your visit(s) if necessary: Yes/ No

Private Insurance Coverage (if applicable): _____

How did you hear about us?

- ☐ Physician Referral
- ☐ Friend/Family
- ☐ Direct Website Access
- ☐ Google Search
- ☐ Dietitians of Canada Website
- ☐ Other - please specify: _____

MEDICAL HISTORY:

Date of last physical examination? _____

Do you have, or have you had, any of the following? (check all that apply)

- ☐ Heart disease
- ☐ High blood cholesterol
- ☐ High triglycerides
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Diabetes (Type 2)
- ☐ Fatty Liver Disease
- ☐ Sleep Apnea
- ☐ Asthma
- ☐ Cancer
- ☐ Thyroid concerns
- ☐ Stroke
- ☐ Mental Health concerns
- ☐ Other please specify: _____

Surgery (if so, what type and when?)_____

Family Medical History:_____

_____

Are you taking any medication presently? Yes/ No

If yes, what: _____

Do you have any food sensitivities or food allergies? Yes/ No

If yes, what? _____

Are you taking any vitamin / mineral / herbal supplements? Yes/ No

If yes, what? _____

Do you use any other health services? Yes/ No

If yes, what? _____

Office Policy: (ALL CLIENTS please read)

Please help us to maintain the operation of our office on sound principles so that we may assure you and other clients of uninterrupted service. Once you have made an appointment, this time is reserved for you, therefore **you must provide us with at least 24 hours notice if cancellation is absolutely necessary – otherwise the full fee will be charged.** Services are paid for at each visit. However, in certain circumstances arrangements for payment may be made with the Dietitian.

Regarding insurance: All professional services are CHARGED DIRECTLY TO THE CLIENT. We will prepare any necessary forms or reports to help you collect your benefits from insurance companies.

Client's Signature:_____ Date:_____

Credit Card Authorization:

CARDHOLDER NAME: _____
CARD NUMBER: _____
EXPIRY DATE: __ __ /__ __ CVV: __ __ __ Type of Credit card: __ Mastercard __ Visa

This is to authorize Blue Oaks Counselling and Wellness to charge the agreed amount listed below to the credit card provided herein. I agree that I will pay for the cost of services in accordance with the issuing bank cardholder agreement for:

- Nutrition Assessment Sessions $122
- Nutrition Follow up Sessions $92
- Late Cancellations/Missed Appointments (In accordance with cancelation policy outlined in consent to treatment)