Amy Regina is very concerned about the protection of your health information. Federal law is requiring that all physician offices to have a signed privacy statement on file for every patient. In order to serve you, we must have an existing Privacy Acknowledgement form on file. The law is intended to protect the privacy of your medical records.

I have been given the opportunity to review the Notice of Privacy Practices.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Patient's Personal Representative & Relationship: _____

Any and all situations can be discussed with: _____

In case of emergency, please contact:

Name: _____

Phone Number: _____

I give permission to Amy Regina's Nutrition Program to leave detailed messages regarding any information regarding appointments, test results, billing and/or insurance issues or other pertinent information via:

Method of contact	Please circle one
Voicemail	Yes No
Text Messages (SMS)	Yes No
Email	Yes No
Mail	Yes No

_____   _____

Patient Signature   Date

Amy Regina Nutrition

Date: _____/_____/_____

Patient Demographic Information

Last Name: _____ First Name: _____MI___

Sex: M / F   Height: _____ Weight: _____ Marital Status: M W D S

DOB: _____ Ethnicity: _____ Race: _____

Social Security# _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Patient's Employer: _____ Occupation: _____ Work Phone: _____

Employer's address:_____ City & State: _____ Zip: _____

Spouse or Parent's Name: _____ Address: _____ Zip: _____

Spouse or Parent's Employer: _____ Occupation: _____ Phone: _____

Employer's address:_____ City & State: _____ Zip: _____

How were you referred to this office: _____ Family Doctor: _____

Insurance Information

Primary Insurance Co: _____ Address: _____

Subscriber's Name: _____ Birth Date: _____

ID#: _____ Group #: _____

Secondary Insurance Co: _____ Address: _____

Subscriber's Name: _____ Birth Date: _____

ID#: _____ Group #: _____

Statement of Patient Financial Responsibility

PATIENT NAME (please print): _____

DOB: _____

      This is a statement of our financial policy. You understand that you are obligated to ensure that our fees are paid in full. We will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

      You agree that you will pay any deductible and co-payment or co-insurance as determined by your insurance plan. Those payments will be due at the time of service. Many insurance companies have additional requirements or stipulations that may affect your coverage. You are responsible for any amounts not covered or payable by your insurance. If your insurance denies any part of your claim, you agree to be responsible to pay the full balance.

ACKNOWLEDGEMENT:

      I have read and understand the financial policy described above. I agree to pay, promptly and in full, any amounts due to the provider, including co-payments, deductibles and amounts due for non-covered or services that are not payable by my insurance.

_____
Patient Signature   Date

_____
Authorized Representative Signature*   Date

_____
Relationship to Patient   Date

*if patient is a minor or otherwise has an authorized representative

Food Journal/Questions Directions

1. Record your name, day and time of your snack or meal for three days. Remember to use 2 weekdays and 1 weekend day.

2. List the foods and serving size at every snack or meal. For the serving size you can estimate the amount or measure the amount of food you consume.

3. On the same line, write down your hunger scale. The hunger scale would start at 0 indicating you are not hungry to a 10 meaning that you are starving. Also include the reason for eating and your feelings during the meal. Were you really hungry? Bored? Upset? Angry? Happy?

4. Make a note of where the snack or meal took place and what else you were doing while you were eating. Did you eat at home while watching TV? At a fast-food restaurant while driving?

5. At the bottom of the page record the amount of activity you did on that particular day and how much time you spent on that activity. For example, walking 30 minutes or running ½ hour and weights for 20 minutes.

6. On the last page please fill in any medications or nutrition supplements you are currently using and any drug or food allergies you may have.

Food Journal Sample

Name: Sadie Johnson   Date: 1/1/05

TIME YOU ATE	FOOD & DRINK SERVING SIZE	HUNGER SCALE 0-10/ HOW DO YOU FEEL?	WHERE DID YOU EAT/WHAT ELSE WERE YOU DOING?
7am	1 cup of cornflakes ½ cup of 2% milk 1 banana 2 pieces of white toast 12 oz of orange juice	9 I was starving because I just woke up.	At home, watching the news
10am	1 snickers bar	7 I was getting hungry and could not wait until lunch. All that I had was a snickers bar with me.	In the car, while driving
12pm	4 oz hamburger patty 1 sesame seed bun 1 slice of tomato 1 slice of lettuce 1 cup of fries ¼ cup ketchup 8 oz of diet coke	4 I was not too hungry but I ate because I was bored.	McDonalds, just eating
4pm	1 apple	8 I was starting to get hungry and could not wait until dinner.	At home, helping the children cut up their food
8pm	1 cup of pasta 3 oz of lean ground beef ½ cup tomato sauce ½ cup of pudding 8 oz of wine	7 I was a little hungry. My family eats at this time so this is when I eat dinner.	At home, watching my favorite TV program
10pm	Diet coke	0 I was thirsty.	At home, reading

Hunger Scale: 0 = Not Hungry   Activity: Walking
                  10 = Starving   Number of Minutes: 30 minutes

Food Journal Day 1

Name:_____   Phone number:_____ Date:_____

TIME YOU ATE	FOOD & DRINK SERVING SIZE	HUNGER SCALE 0-10/ HOW DO YOU FEEL?	WHERE DID YOU EAT/ WHAT ELSE WERE YOU DOING?

Hunger Scale: 0 = Not Hungry   Activity: _____

                 10 = Starving   Number of Minutes:_____

Food Journal Day 2

Name:_____   Phone number:_____ Date:_____

TIME YOU ATE	FOOD & DRINK SERVING SIZE	HUNGER SCALE 0-10/ HOW DO YOU FEEL?	WHERE DID YOU EAT/ WHAT ELSE WERE YOU DOING?

Hunger Scale: 0 = Not Hungry   Activity: _____

               10 = Starving   Number of Minutes:_____

Food Journal Day 3

Name:_____ Phone number:_____ Date:_____

TIME YOU ATE	FOOD & DRINK SERVING SIZE	HUNGER SCALE 0-10/ HOW DO YOU FEEL?	WHERE DID YOU EAT/ WHAT ELSE WERE YOU DOING?

Hunger Scale: 0 = Not Hungry   Activity: _____

                     10 = Starving   Number of Minutes:_____