

# NUTRITIONALLY BALANCED



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

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

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

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Ht: \_\_\_\_\_ Name of Ins. Co. \_\_\_\_\_

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

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

### MEDICAL HISTORY:

<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

**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?

\_\_ Jenny Craig      \_\_ L.A. Weight Loss      \_\_ Stay Slim      \_\_ Weight Watchers

\_\_ NutriSystem      \_\_ Slim Fast      \_\_ Atkin's      \_\_ The Zone

\_\_ Suzanne Somers      \_\_ New You      \_\_ Other Dietitian

\_\_ South Beach Diet      \_\_ O.A.      \_\_ Other Program: \_\_\_\_\_

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

Y N

IF YES, PLEASE LIST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## OFFICE POLICIES AND COURTESIES

Danielle Geiger, MS, RD & Associates

1. Your payment or co-payment is due at the time of your session unless other arrangements have been made. Payments can be made in cash or checks made payable to Danielle Geiger or CASH.
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, you should receive a text reminder 3 days prior to your appointment, however your appointment is your responsibility to remember.
5. Special time has been set aside for your appointment and I request that if you need to reschedule your appointment, please offer at least 24 hours notice. A cancellation policy will apply.
6. My signature below signifies that I have read/received a copy of the HIPAA Notice for the office.

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

\_\_\_\_\_  
SIGNATURE OF PATIENT  
(PARENT OR GUARDIAN IF UNDER 18)

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Danielle Geiger, MS, RD & Associates

### NO-SHOW / SAME DAY CANCELLATIONS

As of January 1, 2020 an updated cancellation policy has been put into effect. Special time has been set aside for you. These time slots are valuable and cannot be filled without an appropriate amount of time given. Same day cancellations and no shows for scheduled appointments will be charged 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 time slot in the same week, your missed appointment fee will be dropped to \$10.00.

Thank you in advance for your understanding and cooperation.

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Danielle Geiger, RD & Associates

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SIGNATURE

Your signature signifies that you have read and understand the terms of the cancellation policy. It also signifies that you give consent for us to charge your credit card accordingly for the fee above.

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

**PHONE: 631-940-7777**  
**FAX: 631-751-0447**  
**DGEIGERRD@LIVE.COM**  
**NUTRITIONALLYBALANCEDLI.COM**

**DEER PARK LOCATION**  
2100 DEER PARK AVENUE  
DEER PARK, NY 11729

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Danielle Geiger, MS, RD & Associates

STARTING JANUARY 1, 2020

Our office will be holding a copy of your credit card on file for missed appointments and uncollected copays. This will not be entered into our computer and will remain only in our file for the event that you have no showed for an appointment or are responsible for a copay for your visit that was not collected at the time of service.

You will receive an updated copy of our cancellation policy for your records.

Thank you in advance for your understanding

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

**PHONE: 631-940-7777**  
**FAX: 631- 751-0447**  
**DGEIGERRD@LIVE.COM**  
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**DEER PARK LOCATION**  
2100 DEER PARK AVENUE  
DEER PARK, NY 11729

**Danielle Geiger, RD and Associates**  
**2100 Deer Park Avenue Deer Park, NY 11729**

**HIPAA Notice of Privacy Practices Statement**

**Notice of Information Practices and Privacy Statement for Danielle Geiger, RD and Associates** located at 2100 Deer Park Avenue, Deer Park, NY 11729.

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