

Total Wellness
15 Gilbert Street
South Salem, NY 10590
(914) 763-9107

**INSTRUCTION SHEET FOR NUTRITION CONSULTATIONS
(IN PERSON OR PHONE ONLY)**

1. Please fill in and mail to address above:

- a. This page
- b. Disclosure Form
- c. Patient Questionnaire (select appropriate one from website)
- d. \$150 fee

The \$150 non-refundable fee covers the initial consultation and can be done in person or on the phone. Please specify which when we set up your appointment. The initial consultation is usually completed within an hour's time.

2. Please indicate how the fee is being paid: check # _____
MC/Visa/AMEX _____ Exp. Date __/_____
Name as on Card _____
Signature _____

3. Attach any additional pertinent information (detailed patient history, diagnostic tests and treatment, etc.) if available. A current photograph of the patient might also be helpful.

4. Our office will contact you for an appointment date for your phone consultation after we have received your packet. Consultation hours are by appointment ONLY.

Thank you for allowing me to be of service.

I look forward to assisting you in achieving your wellness goals.

DISCLOSURE

Renee Simon, MS, CNS provides professional nutritional and wellness counseling to those seeking complementary approaches for improving their health. Ms. Simon encourages clients to seek regular medical attention from their primary health care providers who may choose to participate in a cooperative team effort integrating complementary support towards achieving the client's wellness goals.

Nutritional consultation services may not be covered by your insurance company. Prospective clients therefore, are personally responsible for full payment of consultation services which must be received prior to scheduled appointments. Patients are also required to give 24 hour advance notice before canceling or rescheduling an appointment. If adequate notice is not given than Renee Simon reserves the right to charge the client for ½ of the appointment fee.

COMMITMENT STATEMENT

I, _____ (please print) have read and fully understand the aforementioned disclosure. I acknowledge that no guarantees have been made to me as a result of treatment or evaluations by Renee Simon. By signing below, I acknowledge that any dietary or supplemental suggestions made by Renee Simon, are entirely nutritional in nature and are not intended to diagnose, cure or treat any disease or ailment. I also acknowledge that my physician is my primary health care provider, and is responsible for supervising all changes in diet and nutrient intake that I make. This form will also serve as consent to use or disclose my protected health information to carry out treatment, payment activities, and healthcare consultations.

Signature: _____ Date: _____