

## New Patient Registration Form

Please fill out this form and return via fax or email before your scheduled appointment. Also, please include the Food and Activity Log found at [www.PureNutritionLLC.com](http://www.PureNutritionLLC.com). If you have any questions, please contact us at 678-466-7025 or [NatalieFlolo@gmail.com](mailto:NatalieFlolo@gmail.com)

### Patient Information

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ A message can be left on my \_\_\_\_\_ Phone.

Email \_\_\_\_\_ Birth date \_\_\_\_\_ Gender  Male  Female

Occupation \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Name of custodian, guardian, or parent, if for a child \_\_\_\_\_

Person responsible for payment, if different from patient \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone if different than above \_\_\_\_\_

Address \_\_\_\_\_

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

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### Medical Information

Name of Referring Physician or Primary Care Physician \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please List all Medical Conditions \_\_\_\_\_

Please List all Prescription Medications \_\_\_\_\_

Please List all over the counter medicines (include vitamins, minerals, & herbal supplements you are taking and the reason why you are taking it) \_\_\_\_\_

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The following names are additional individuals that Pure Nutrition LLC is authorized to discuss any information regarding medical nutritional therapy and nutrition counseling services.

Names: \_\_\_\_\_

Our patient policies and HIPPA Privacy Notice & Agreement can be found at [www.PureNutritionLLC.com](http://www.PureNutritionLLC.com)

I have read the patient policies (including missed and late appointment policy) and read the HIPPA Privacy Notice and Agreement to its terms to release information for treatment and services rendered.

Print your name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_