



Jennifer McGurk, RDN, CDN, CDE, CEDRD-S  
Elyssa Toomey, RDN, RYT

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To our future client:

Welcome to our practice! We are thrilled that you are here and that you're ready for nutrition counseling. We understand that starting to work with a Registered Dietitian can bring up all sorts of emotions as you begin to talk about food and body image. We welcome you here, knowing that a part of you might be excited to begin and another part may be scared about what's to come. We want to honor YOU so we will ask you about your goals, thoughts, feelings, and behaviors so we can work with you to create a plan of action. We recognize we talk about this stuff all the time so are very comfortable asking you questions about some difficult topics, but that for some people it may feel uncomfortable—and that's okay.

The journey of healing from an eating disorder, disordered eating, or dieting can take some time. Nutrition counseling is often a long process filled with ups and downs. We want you to know that we are truly invested in your overall wellbeing and want you to receive the best care. Usually that means creating consistency with nutrition counseling appointments.

The first session is just as much a time for you to get to know us as it is for us to get to know you! Our goal is to make you as comfortable as possible. Please let us know if we can accommodate a need of yours that we might have missed.

We ask you to bring these completed forms to your first appointment to allow us to get the administrative work out of the way to allow for some extra counseling time. However, if you want to leave anything blank, please feel free to do so and we can talk about it at our first session. Let us know if you have any questions.

Sincerely,

The Eat With Knowledge Team!  
Jennifer McGurk, RDN, CDN, CDE, CEDRD-S  
Elyssa Toomey, RDN, RYT



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### Client Assessment Form

Thank you so much in advance for taking some time to thoughtfully answer questions about your health, wellbeing, and relationship with food and body image before your first session at **Eat With Knowledge**.

\* If you are under 18 years old, please fill this out with the help of a parent.\*

#### Personal Information:

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

Birthday: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment/school: \_\_\_\_\_

Home Phone: \_\_\_\_\_

May I leave a message? \_\_\_\_\_

Cell Phone: \_\_\_\_\_

May I leave a message? \_\_\_\_\_

Text message (for appointment purposes only)? \_\_\_\_\_

Email: \_\_\_\_\_

May I add you to my newsletter? \_\_\_\_\_

Address: \_\_\_\_\_

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



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If you are under 18 years old:

Parent/Guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

May I add you to my newsletter? \_\_\_\_\_

Address: \_\_\_\_\_

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



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How did you hear about **Eat With Knowledge**? Who referred you?

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What brought you into the office today?

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What are your expectations for today's session and long-term?

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Have you ever worked with a dietitian before? If so, please tell me about your experience.

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**Medical Information**

Medical history:

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Relevant family dynamics/medical history (Please share what you think I would need to know about your household):

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Current medications and dosages (please include supplements):

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Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Have you lost or gained weight recently? If so, do you how much?

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Please check below how you currently feel about your body image:

- Hatred     Negative     Neutral     Positive     Very Satisfied



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Elyssa Toomey, RDN, RYT

**Eating and Nutrition Habits:**

Tell me about your nutrition goals:

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Please tell me about a typical day in your general diet (use yesterday if it's hard for you to have "a typical day"):

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Do you have any allergies or intolerances to certain foods? \_\_\_\_\_

Do you ever skip meals or snacks? If so, why?

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How many times per week do you eat out? \_\_\_\_\_

What restaurants do you go to?

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eat with knowledge

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Elyssa Toomey, RDN, RYT

How often do you snack? \_\_\_\_\_

What do you snack on? \_\_\_\_\_

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How does your meal and snack pattern vary on the weekend vs. during the week?

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When you feel overwhelmed or life gets busy, do you neglect your eating habits? \_\_\_\_\_

If yes, please describe:

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**Exercise Habits:**

What do you do for physical activity?

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How often? \_\_\_\_\_

Do you have any physical conditions that prevent you from exercising?

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Do you have any exercise goals?

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Jennifer McGurk, RDN, CDN, CDE, CEDRD-S

Elyssa Toomey, RDN, RYT

### Authorization for Release of Information

I authorize **Eat With Knowledge** to release my protected private medical and health information to the below providers concerning my coordination of care. I understand I can revoke this authorization at any time by providing *written* notice to **Eat With Knowledge**.

#### Client Contact Information:

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Jennifer McGurk, RDN, CDN, CDE, CEDRD-S and Elyssa Toomey, RDN, RYT to exchange my healthcare information with each other in supervision, as well as with my healthcare providers below.

#### Primary Care Physician

Name:		Phone #:	
Address:			
When was your last appointment?			

#### Therapist/Counselor

Name:		Phone #:	
Address:			
When was your last appointment?			

#### Additional Provider (i.e. psychiatrist, personal trainer, parent)

Name:		Phone #:	
Address:			
When was your last appointment?			

#### Parent(s) If you are over 18 years old

Name		Phone #:	
Address			

I give my clinician at Eat With Knowledge permission to speak with and disclose my protected health information with the above-named treatment providers.

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



Jennifer McGurk, RDN, CDN, CDE, CEDRD-S

Elyssa Toomey, RDN, RYT

### Office Policy Information

**Please read each statement carefully and initial that you have read and agree to the terms.**

\_\_\_\_\_ All information disclosed within sessions is confidential. If we see you outside the office (ex. grocery store, restaurant, etc.), we will respect your privacy and will NOT initiate a conversation.

\_\_\_\_\_ We will exchange information with your team of professionals ONLY by signing the Authorization to Release Information form.

\_\_\_\_\_ All services may be paid with cash, check, or credit card prior to the start of the service.

**Make all checks payable to Eat With Knowledge.**

*Initial appointment (60 minutes): \$250, follow-up (45 minutes): \$160, follow up (30 minutes): \$120*

\_\_\_\_\_ Please note that fees increase every year (in January). Clients will always be given at least one month notice.

*Fees as of January 1, 2019: Initial appointment (60 minutes): \$250, follow-up (45 minutes): \$165, follow up (30 minutes): \$125*

\_\_\_\_\_ Insurance companies may or may not cover medical nutrition therapy. **Eat With Knowledge** does not accept insurance payment for sessions. Carefully investigate the “out of network” coverage you have.

\_\_\_\_\_ I may request a superbill, which I may submit to my insurance company for reimbursement purposes. A superbill does not guarantee payment for services. Any checks from an insurance company made out to **Eat With Knowledge** will have to be returned to be reprocessed.

\_\_\_\_\_ There will be a \$30.00 charge for all returned checks.

\_\_\_\_\_ **Eat With Knowledge** does not provide any refunds.

\_\_\_\_\_ All appointment cancellations must be completed 48 hours in advance. Failure to cancel within 48 hours will still require full payment for the cost of the scheduled appointment.



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Elyssa Toomey, RDN, RYT

\_\_\_\_\_ **Our cancellation policy:**

We value and respect your time as a client of **Eat With Knowledge**. We ask you to do the same in return. A credit card is required to hold appointments. **A 48 hour notice is required to cancel or reschedule an appointment.** You can always have a phone session if you cannot get into the office. Please note that all cancelations and rescheduling for appointments is preferred **by phone, not emails or texts**. We respectfully ask that final termination sessions happen in person and not over the phone or email.

\_\_\_\_\_ **WEATHER CANCELLATIONS:** We will close the office if local schools are closed and reschedule appointments. You will not be charged.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Code (3-digit # on back): \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

**I have read and understand the above information. I agree to authorize Eat With Knowledge to collect a fee from my credit card account based on the information provided above. Please keep a copy for your records.**

\_\_\_\_\_  
Client: Please *sign* and print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian: Please *sign* and print

\_\_\_\_\_  
Date