The Art of Eating

Karrie S. Itz-Thompson RD,CSSD, LD
210 -822-5959
105 Willim, San Antonio, TX 78209

(PATIENT INFORMATION)
Name: _____
Address:_____
City:_____ State:_____ Zip Code:_____
Home Phone: _____ Cell Phone: _____
E-mail:_____
Age : _____ Date of Birth: _____ Martial Status: _____
Emergency Contact: _____
Relationship:_____ Phone:_____
Referred By:_____

(GUARDIAN INFORMATION)
Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Home Phone: _____ Cell Phone: _____
E-mail:_____

(2nd GUARDIAN INFORMATION, if applicable)
Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Home Phone: _____ Cell Phone: _____
E-mail:_____

(3rd GUARDIAN INFORMATION, if applicable)
Name:_____
Address:_____
City:_____ State:_____ Zip Code:_____
Home Phone: _____ Cell Phone: _____
E-mail:_____

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Office Policies
Please Read Carefully

I understand that Karrie Itz-Thompson is a registered dietitian. She is not a physician trained to diagnose and treat medical issues. I agree to keep Karrie Itz-Thompson informed of any changes in my medical conditions as well as changes in my medications.

Karrie Itz-Thompson promises to provide services in a professional ethical manner. While it is impossible for her to guarantee specific results she will strive to provide you with the nutritional knowledge necessary to succeed. The key to success though depends greatly on your motivation to make positives changes in your life.

Successful diet changes involve behavior modifications. Learning these behaviors requires that you keep your schedule appointments. Payment is expected at each visit. Understand that your insurance company may or may not cover nutrition services and that you will need to file your claim with them for reimbursement. **Understand that cancellation must be made at least 24 hours before your scheduled appointment time or you will be charged for the appointment. If you fail to show for an appointment you will billed for your appointment.**

The initial visit is $100 and is 60 minutes long. Follow-up visits are $80 and 30 minutes. Any other services you request of Karrie Itz-Thompson that is not stated above, a price will be agreed upon ahead of time.

Your signature indicates you understand and accept the above policies.

Signature of Patient or Legal Guardian: _____
Date: _____