



Storch Medical Nutrition Center

A Fresh Start Towards Health

Date: _____

Dear _____:

Welcome to Storch Medical Nutrition Center (SMNC) and the Tabula Rasa Nutrition Program. Each of us has a health history that is unique. Understanding your history will help us to diagnose and treat your concerns. It will be useful to us if you take a few minutes to complete the attached forms *prior to your visit*. We will review them with you during your consultation. The information allows us to focus on the most important medical and nutritional issues in your life. If you need any assistance or clarification to complete these forms, the office staff will be glad to answer your questions. ***Please bring the forms with you to your first appointment.***

The Tabula Rasa Nutrition Program consists of an initial consult with the dietitian followed by a weight loss program (consisting of cycles of 10-week or 12-week courses). For patients with a participating insurance plan, a letter is enclosed that you can provide to your primary care physician explaining our program and requesting a referral for multiple visits. The dietitian will review the program options with you at your initial visit. In a few cases, patients are not appropriate for the weight loss program.

For patients seeing a physician, your first visit will include an assessment and exam. ***A complete nutrition plan will be provided at the following appointment with one of our Registered Dietitians, as necessary.***

We look forward to serving you as a new patient. Your appointment is as follows:

Practitioner(s): _____

Date(s): _____

Time(s): _____

Sincerely yours,

Storch Medical Nutrition Center

**Storch Medical Nutrition Center
Patient Information**

Date Form Completed: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

E-mail Address: _____ Cell Phone: (_____) _____ - _____

Check One: Single [] Married [] Widowed [] Divorced []

Occupation: _____ Employed By: _____

City: _____ State: _____ Zip: _____

Spouse's Name: _____ Work Phone: (_____) _____ - _____

Spouse's Occupation: _____ Employed By: _____

Employer's Address: _____

Person to Contact in Case of Emergency: _____

Relationship: _____ Phone: (_____) _____ - _____

Address: _____

How Did You First Learn About Us: _____

MEDICAL INSURANCE INFORMATION

Please present your insurance I.D. Card to the receptionist.

Social Security #: _____

Primary Insurance _____

I.D. # _____ Group #: _____

Secondary Insurance: _____

I.D. # _____ Group #: _____

Name of Policy Holder if Other Than Yourself: _____

Relationship: _____

Policy Holder Social Security #: _____

I authorize payment of medical insurance benefits to Storch Medical Nutrition Center for services rendered to me, and the release of any medical or other information necessary to process my insurance claims.

Beneficiary Signature

Date

7 Columbia Turnpike, Florham Park, NJ 07932

973-765-WELL

STUDY OF SYSTEMS

Name: _____ Date Form Completed: _____

Check either Yes or No for each item—Except where applies to only male or female

Conditions	Y	N	Conditions	Y	N	Conditions	Y	N		
G E N E R A L	Fever		Appetite Poor		Stiffness					
	Chills		Indigestion/Heartburn		Swelling					
	Bruise Easily		Nausea		Lumps					
	Swollen Glands		I N T E S T I N A L		Is Your Life:					
	Loss of Memory				Vomiting Blood		Boring			
	General Weakness				Abdominal Pain/Cramps		Demanding			
	Aches/Pains				Abdominal Tension		Unsatisfactory			
		Diarrhea			Is There Worry Over:					
		Constipation			Home Life					
		Bowel Habit Changes			Marriage					
H E A D	Double Vision		Rectum Blood Passage		Job					
	Blurred Vision		Black Tar-Type Bowel Movements		Children					
	Halos Around Lights		K I D N E Y		Money					
	Buzzing/Ringing in Ears				Do You:					
	Nosebleeds				Up Nights to Urinate		Often Feel Depressed			
	Sinus Problems				Blood in Urine		Feel Upset or Anxious			
	Swallowing Problems		Burning/Pain w/ Urination		Feel Things Often Go Wrong					
	Change in Taste		Frequent Urination		Feel Shy					
	Deafness		Problem Passing Urine		Cry Easily					
	Persistent Hoarseness		N E U R O		Leg or Arm Weakness		Feel Inferior			
Severe Headaches		Balance Problems			Have You:					
		Dizziness			Attempted Suicide					
S K I N	Rash		Fainting Spells		Seriously Considered Suicide					
	Changing Moles		B O N E		M A L E					
	Dry Skin				Joint Pains		Penis Discharge			
	Lesions				Joint Swelling		Sore on Penis			
Change In Pigmentation		Muscle Strength Loss		Erection Difficulties						
H E A R T / L U N G S	Irregular Heartbeat		Pains in Back		F E M A L E					
	Shortness of Breath		Constant Thirst							
	Low Exercise Tolerance		Most Always Cold							
	Heart Flutters		Too Warm Most Times							
	Chest Pains		Very Sluggish or Tired		Breast Lump					
	Frequent Coughs		Numbness/Tingling of Extremities		Nipple Discharge					
	Cough Up Blood		Libido Dysfunction		Non-Period Bleeding/Spotting					
	Wheezing		Jumpy/Nervous		Hot Flashes					
	Night Sweats		S L E E P		Possibly Pregnant					
	Swollen Ankles				Snore		Change in Periods			
	Cramps in Legs				Wake Up Frequently At Night		Pain Other Than With Periods			
	Heart Murmur				Fall Asleep While Driving		O T H E R			
	Stress Test Done		Fall Asleep While Watching TV							
	If yes, results:		Insomnia							
		Daytime Sleepiness								
		Fatigue								

Storch Medical Nutrition Center
Medication List

Name: _____ Date Of Birth: _____

Please List Any Allergies to Medications: _____

Local Pharmacy Name: _____
Address: _____
Phone: _____

Mail Order Pharmacy Name (if applicable): _____
Address: _____
Phone: _____

Please List Your Current Medications

Name	Dose	Times Per Day	How Long Have You Been Taking?

Please List Your Current Vitamin, Mineral & Herbal Supplements

Name	Dose	Times Per Day	How Long Have You Been Taking?

Medical Summary / Family History

Name: _____

Date Of Birth: _____

Please List Your Medical Problems

Medical Problem	When Was This Diagnosed?

Family History

Please Give A Summary of Your Family's Health History

Father

Mother

Brother (s)

Sister (s)

Other

Please List Your Other Physicians

Name: _____ Date Form Completed: _____

Your Primary Doctor: _____

Medical Group: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Doctor: _____

Specialty: _____

Medical Group: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Doctor: _____

Specialty: _____

Medical Group: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Doctor: _____

Specialty: _____

Medical Group: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Doctor: _____

Specialty: _____

Medical Group: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Doctor: _____

Specialty: _____

Medical Group: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____



Storch Medical Nutrition Center

A Fresh Start Towards Health

Please Sign and Date

Office Policies

To allow us to control our cost of providing care, the following policies have become vital. Your understanding is appreciated.

Cancellations

- **24-hour notice is required for cancellations with the Physician during business hours (Mon-Thurs); if less than 24-hour notice is given a \$25 fee will be charged to your account.**
- **If less than 24-hour notice is given for an initial visit a \$100 fee will be charged.**

Prescription Refills

- **3 days notice is requested for prescription refills.** This allows time for the prescription to be cleared by the doctor.
- Please do not wait until you are out of medication to contact your pharmacy.

Payment

- Participating insurances will be billed for medical visits; the co-payment is due at the time of visit. You will be responsible for any remaining balances.
- Payment is required up front for medical visits for any insurance plans in which we do not participate.
- See Fee Schedule and Policy Sheet for the Tabula Rasa Nutrition Program for information regarding visits with the Registered Dietitians.
- For your convenience, SMNC accepts cash, checks, Visa, MasterCard, and Discover.

Referrals

- You are responsible for obtaining all necessary referrals for your appointments.
- Please keep track of remaining referrals and notify your primary care physician when more are needed.

Testing / Laboratory Results

- Normal test results will be discussed with patients during regular office visits.
- If you wish to discuss a normal result, please make an appointment.

Appointments

- Routine follow-up appointments with the doctors are booked 4 per hour. Most physicians now book 6 to 10 patients per hour.
- If you need an extended visit, please tell the receptionist. You will most likely need to wait longer, because we will need to allow more time for your visit.

Signature: X _____ Date: _____

Directions to the Office

7 Columbia Turnpike

Florham Park, NJ 07932

The office is located in a two-story brick building. It is at the intersection of Vreeland Road and Columbia Turnpike. We are on the first floor and you enter the building from the back parking lot.

NOTE: Please be aware that Columbia Turnpike changes its name to South Orange Avenue in Livingston and is also known as Route 510.

From Route 24 East:

- Take exit 2B (Florham Park, Route 510E) which will exit onto Route 510E
- At the 9th traffic light (intersection of Vreeland Road & Columbia Turnpike), turn right into our building driveway and park in the rear

From Route 24 West:

- Take exit 7C (JFK Parkway) and travel on JFK Parkway for 5 lights to South Orange Avenue (Route 510); make a left onto South Orange Avenue (Route 510 West)
- At the 5th traffic light (intersection of Vreeland Road & Columbia Turnpike), turn left into our building driveway and park in the rear

From Route 287 North or South:

- Take exit 37 (Route 24E, Springfield) and follow directions for Route 24E

From South Orange Avenue or Columbia Turnpike (Route 510 Westbound):

- Travel West on Route 510 into Florham Park
- South Orange Avenue changes its name to Columbia Turnpike as you travel past the Livingston Mall.
- At the intersection of Vreeland Road & Columbia Turnpike is our building; turn left into our building driveway and park in the rear

From Route 10 East:

- Make a right onto Ridgedale Avenue which is at the town borders of Whippany and East Hanover
(Note: There are two Ridgedale Avenues. The correct Ridgedale Avenue is about 2 miles east of Rt. 287: do NOT turn on Ridgedale Avenue in Cedar Knolls/Parsippany which is just prior to the Rt. 287 entrance.)
- At the 3rd traffic light, turn left onto Columbia Turnpike (Route 510E)
- Turn right at the 3rd traffic light (intersection of Vreeland Road & Columbia Turnpike), turn right into our building driveway and park in the rear

Storch Medical Nutrition Center
7 Columbia Turnpike, Florham Park, NJ 07932

973-765-9355

From Route 10 West:

- Follow the Ridgedale Avenue, Florham Park exit off Route 10 (This is at the town borders of Whippany and East Hanover)
- At the end of the exit, turn left onto Ridgedale Avenue
- Turn left at the 4th traffic light onto Columbia Turnpike (Route 510E)
- Turn right at the 3rd traffic light (intersection of Vreeland Road & Columbia Turnpike), turn right into our building driveway and park in the rear

From Garden State Parkway North:

- Take exit 142 (Route 78E). Exit 142 will only allow you to travel east: therefore, you will have to make a U-turn at the next exit. There are signs posted for Route 78W to follow
- Route 78W will split into Route 78W and Route 24W. You will follow the signs for Route 24W
- Follow the directions above for Route 24W

From Garden State Parkway South:

- Take exit 142 (Route 78W)
- Route 78W will split into Route 78W and Route 24W. You will follow the signs for Route 24W
- Follow the directions above for Route 24W

From New Jersey Turnpike (North and South):

- Take exit 14 (Route 78W)
- Route 78W will split into Route 78W and Route 24W. You will follow the signs for Route 24W
- Follow the directions above for Route 24W