



Storch Medical Nutrition Center

A Fresh Start Towards Health

Date: _____

Dear _____:

Welcome to Storch Medical Nutrition Center (SMNC) and our ***Shaping Kids' Habits*** Program. The ***Shaping Kids' Habits*** nutrition and fitness program is offered as a private 10-week program with a registered dietitian for children 9-14 years old.

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 first 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.***

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

Practitioner: _____

Date: _____ Time: _____

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: (_____) _____ - _____

Parent/Caregiver Name: _____ Work Phone: (_____) _____ - _____
Parent/Caregiver 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

NUTRITION / METABOLISM ASSESSMENT

Name: _____ **Date Form Completed:** _____

Date of Birth: _____

Lifestyle

Do you have any food allergies? Please list:

	<u>Yes</u>	<u>No</u>
Do you exercise regularly? If yes, how often and what type? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you , or have you ever, binged or purged?	<input type="checkbox"/>	<input type="checkbox"/>
Do you eat in response to stress?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any food cravings?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: _____		
Do you skip meals regularly?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which ones? _____		
Do you eat in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
How many meals a week do you eat at a restaurant or take out? _____		
What type of restaurants? _____		
Who manages your meals (food shopping, cooking)? _____		

Weight History

	<u>Yes</u>	<u>No</u>
Have you gained or lost weight in the last 6 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how much? _____		
Does your family have a history of weight problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____		
Have you ever participated in a nutrition or weight management program before? If yes, which programs?		

Which one were you most successful with? _____		
Why? _____		
Which one were you least successful with? _____		
Why? _____		

Name: _____

Date of Birth: _____

Food Intake

Please give a sample of a typical day's food intake:

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Snack: _____

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



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: _____



Storch Medical Nutrition Center

A Fresh Start Towards Health

Please Sign and Date

Tabula Rasa Nutrition Program Fee Schedule & Policy Sheet

Fee Schedule For Non-Participating Insurance Plans

- As a courtesy, we offer the following discounted fee schedule for patients without participating insurance plans:

Initial Consult:	\$150	
Shaping Habits Program:	\$400	5 educational classes and 5 one-on-one sessions
Shaping Kids' Habits Program:	\$550	10 one-on-one sessions
HMR Meal Replacement Program:	\$400	12 educational classes
- Above fee schedule for programs includes a \$50 administrative fee.
- Payment is due at the initial visit.
- If joining a program you may pay 50% of the program cost at your initial consult and the balance at your next visit.
- Private programs can be arranged as necessary.

Participating Insurance Plans

- Visits will be billed on a weekly basis; co-payment is due at the time of visit.
- Visits with the Registered Dietitian are billed based on the amount of time the visit requires.
- Please verify coverage with your insurance company prior to your visit. Your insurance plan may determine eligibility for coverage based on factors such as diagnoses and medical conditions.
- You must bring your insurance card and completed referral from your primary care physician. We also suggest a prescription from your primary care physician, which includes diagnosis codes.
- 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.
- A referral from your primary care physician does not guarantee payment, and you will, therefore, be responsible for any charges not covered by your insurance plan.
- Your insurance plan may require proof of progress (i.e. changes in weight or bloodwork) before approving additional visits.

An administrative fee of \$50 is due at the time of enrollment in a program.

Cancellations / Missed Visits

- Cancellation Policy: 24-hour notice is required for appointments with the Registered Dietitian. If this notice is not received a charge of \$25 will be applied to your account.**
- If less than 24-hour notice is provided for an initial visit, a \$100 fee will be charged.**
- Prepayment of visit cost or copay is required following multiple cancellations to hold next appointment.
- Missed educational classes cannot be carried over to the next session. No make-up classes are offered.
- Missed one-on-one sessions must be completed within 14 weeks.
- Payments for private or class programs are non-refundable. A one-week grace period is provided after start of your program, less a \$100 administrative fee.

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