

Lara A. Field, MS, RD, CSP, LDN
Pediatric Dietitian



Patient Intake Form

Please read and complete both pages of this form and bring with you to your first appointment.

Consent for Care

I grant permission to Lara Field, MS, RD, LDN to perform assessments and recommend treatments as necessary or advised for my diagnosis. I understand that my records will be kept confidential and will not be released to others unless they are involved in my care plan. I understand that I will have the opportunity to ask questions of those involved in my care. By signing below, I am willfully accepting medical nutrition therapy from Lara Field.

Cancellation Policy

In order to best serve you, Lara asks for at least 24-hour notification for cancelled appointments. Failure to cancel with at least 24 hours notice will result in the client being charged in full.

Payment Information

Payment is due at the time of the appointment. Lara will provide you with an invoice that will serve as official receipt of services. It is the responsibility of the client to submit to insurance companies for reimbursement. Nutrition services may be reimbursed through flexible spending accounts. Lara does not offer refunds for any unused portion of paid services.

By signing below, I acknowledge that I have read and understood the above information.

Signature

Date

Print Name

Date of Appointment: _____



Patient Intake Form

Patient Name

Date of Birth

Parent(s) Name

Address

Phone

Email Address

Primary Physician Name

Primary Physician
Phone Number

Primary Physician
Address

Date of Last Physical Exam

REASON FOR REFERRAL

Please list the reason for your visit/referral: _____

HEALTH BACKGROUND

Please list any current medications (please include any prescription medications, vitamins and herbal supplements):

Please list any known allergies:

Is there a family history of any of the following: High Cholesterol, Diabetes, Thyroid Disease, Obesity, Heart Disease, Cancer, Celiac Disease, Food Allergies, Other (please explain):

Is there any pertinent laboratory history that Lara should be aware of?

ANTHROPOMETRICS

Current Length: _____

Current Weight: _____

WEIGHT HISTORY

6 months: _____

9 months: _____

12 months: _____

TYPICAL DIET

Please list the patient's typical diet over a 24-hour period:

