



Welcome! Please complete the following questionnaire so that your provider can get to know you better.

Monica Auslander, MS, RD, LD/N  
Essence Nutrition  
[monica@essencenutritionmiami.com](mailto:monica@essencenutritionmiami.com)  
305-280-1316

**Name:**

**Phone:**

**Address:**

**Instagram:**

**Date of Birth:**

**Email:**

**Referred By:**

Primary Care Physician  
**Name:**

**Phone:**

**When was your last appointment with him/her?**

**Last date of labwork with him/her:**

Specialty Physician  
**Name:**

**Phone:**

**When was your last appointment with him/her?**

**Last date of labwork with him/her:**

**Specialty (GI, OB-GYN, Endocrinology, Nephrology, etc.)**

Psychologist/ Therapist  
**Name:**

**Phone:**

**How long have you been seeing him/her/How often?**

Psychiatrist  
**Name:**

**Phone:**

**How long have you been seeing him/her/How often?**

Nutrition Consultation Questionnaire  
**Your Occupation:**

**Emergency Contact's Name & Phone Number:**

Family History

**Tell us about your family and family dynamics:**

**What was food like in your house growing up? What is it like now?**

**Does anyone in your family have a history of a chronic illness (i.e. eating disorder, diabetes, heart disease, high cholesterol, high blood pressure, GI disorder?)**

**Weight Information**

**Height:**

**Current Weight:**

**Average weight for the past 2-3 years:**

**Weight you feel most comfortable:**

**When were you last at that weight?**

**Highest Adult weight and at what age?**

**Lowest Adult weight and at what age?**

**Pre-Pregnancy Weight?**

**How much weight did you gain with pregnancy(ies)?**

**Have you lost or gained weight recently?**

**If yes, How much and over how long of time?**

**Do you weigh yourself currently?**

**Yes**

**No**

**How often?**

**Please describe how you feel about your body:**

**Dietary History**

**Tell us about your dieting history (types of diets, amount of weight lost, satisfaction with results, sustainability of plan and results, etc.)**

**Eating Patterns**

**How many meals per day do you eat?**

**Do you skip meals?**

Yes

No

**If yes, which ones do you skip and why?**

**What are your snacking habits (frequency, time of day, foods you choose)?**

**How many meals per week do you eat at a restaurant?**

**Which restaurants do you normally choose?**

**How does your meal and snack pattern vary/compare during the week vs. the weekend?**

**When you feel overwhelmed or life becomes busy, how do your eating habits change?**

**Do you feel that your life/schedule conflicts with a healthy eating program?**

**Do you engage in other activities while eating? (reading, watching TV, driving)**

**Do you eat at a table?**

**Do you eat fast?**

**Do you cook?**

**Who does the grocery shopping?**

**Who prepares the food at home?**

**Do you read food/Nutrition labels?**

Yes

No

**If yes, what do you look for on the label?**

**What food do you hate?**

**Does your diet have a lot of variety or does it tend to be the same from day to day?**

**Do you have any food allergies?**

Yes

No

**If yes, please list:**

**What medications do you take?**

**What vitamins/supplements/herbs do you take?**

**What medical conditions do you have? Please be thorough.**

**How would you describe your gastrointestinal health?**

**Exercise and Activity Level**

**Do you exercise?**

Yes

No

**If yes, please describe your current exercise regimen (how often, type of exercise, duration)**

**Tell us how you feel about exercise (what you like, what you don't like, etc.)**

**Personal Health and Medical History**

**Please list and describe any medical diagnoses, conditions, or procedures we should be aware of:**

**If female, do you menstruate regularly?**

**Do you drink alcohol?**

Yes

No

**If yes, how many drinks per week?**

**Do you use illicit drugs?**

Yes

No

**If yes, which type?**

**Please list any mental health concerns we should be aware of (anxiety, depression, OCD, PTSD, etc.)**

**Rate your perceived stress level on a scale of 1-10:**

**Do you sleep well?**

Yes

No

**Do you have a strong social support system? Please describe.**

**Have you ever been advised by a physician to follow a special diet? How did you comply?**

**Have you ever worked with a dietitian / nutritionist?**

Yes

No

**If yes, who and what was your experience like?**

**Goals**

**What do you hope to accomplish throughout our visits together?**

**What are your short-term goals with us?**

**What are your long-term goals with us?**

**Please feel free to share any additional information here:**

### *Introduction*

The purpose of Essence Nutrition programs are to provide a lifestyle intervention of healthy eating, exercise, nutritional and supplemental intervention along with a menu plan to empower participants to achieve their nutrition goals.

Essence Nutrition dietitians will see, assess, evaluate, and provide nutrition, exercise, and supplement recommendations during sessions. Weight, height, and other anthropometric measurements such as waist circumference, wrist circumference, hip circumference, and body fat testing may be measured.

If you are under the care of a physician for a medical condition or taking prescription drugs, you must disclose this on your initial client intake form and agree to follow-up with your physician and prescribed medications.

### *Voluntary Participation*

I am voluntarily participating in Essence Nutrition, LLC's nutrition programs and seeing Essence Nutrition, LLC dietitians. I reserve the right to refuse to participate in sessions provided by Essence Nutrition, LLC dietitians.

### *Waiver & Release of Liability*

For and in consideration of the opportunity to see Essence Nutrition, LLC dietitians and for other valuable consideration, the receipt and sufficiency of which is hereby acknowledged for and on behalf of myself and my personal representatives, family, heirs, successors, assigns and next of kin, I do hereby fully and forever waive, release discharge and covenant not to sue Essence Nutrition, LLC, its successors, assigns, parents, subsidiaries, affiliates, owners, employees, representatives, officers, agents, contractors and director from any and all that may arise and that may be caused or alleged to be cause, in whole or in part, by the negligence or intentional conduct of one or more of the Releases or otherwise, including, but not limited to, any claim of personal injury, medical complications, allergic reactions, death, property damage or failure to achieve desired health benefits. I intend this Waiver and Release of Liability to be effective either or not any accident, loss, damage, injury or death results from the negligence or intentional misconduct of one or more of the releases.

I agree that if, despite this Waiver and Release of Liability, I, or anyone on my behalf including but not limited to, my personal representatives makes a claim or claims against any of the releases, I will indemnify and hold the Releases harmless from any and all litigation expenses, attorney fees, claims, judgements, losses, liability, damages or costs which may be incurred by the Releases.

I have read and I voluntarily sign this Waiver and Release of Liability Agreement. I fully understand its terms, I understand that I have given up my substantial rights by signing and I have signed it freely and without any inducement or assurance of any nature and I



intend it to be a complete unconditional release of all liability to the greatest extent allowed by the law. I agree that if any portion of this agreement to is held to be invalid or unenforceable, the remainder shall continue in full force and effect to the maximum extent allowable by law. This Waiver and Release of Liability has no expiration date.

**BY: Client**

**Signature**

## Payment and Cancellation Agreement

### **PLEASE READ CAREFULLY**

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

**Please make all checks payable to Essence Nutrition, LLC**

**Note: credit cards require a 3% service charge.**

Essence Nutrition, LLC does not accept any insurance at this time.

By signing below you agree to the following:

A \$100.00 deposit fee is required to hold your appointment before every booking. If your appointment is canceled after 48 hours prior to your scheduled appointment, your card will be charged the full fee for the service that would have been rendered.

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

Appointments begin on time. If you are late, you may use the remaining time of your appointment but not beyond that. You will be required to pay for the entire cost of the visit.

You will be automatically charged a \$100.00 fee if you miss or cancel your appointment sooner than 24 hours from your scheduled appointment. Essence Nutrition takes scheduling seriously; when you cancel, you prevent others who are waiting weeks for appointments from being able to visit.

Essence Nutrition often has graduate and undergraduate student interns completing necessary curriculum education by observation and rotations with a registered dietitian. By signing this, you agree to have them present for your sessions as well as privy to your protected health information. If you do not wish for them to be a part of your Essence experience, please specify so in an e-mail to hello or [monica@essencenutritionmiami.com](mailto:monica@essencenutritionmiami.com)

Essence Nutrition, LLC will not release your credit card information or use your card for other payment rather than late cancellation/no-show fees.

I understand that by working with Essence Nutrition, LLC I must comply with the payment and cancellation policies listed above. This not only respects the time and expertise provided by the dietitians at Essence Nutrition, LLC but will also help me to make progress on the goals and plans that to which I have committed. By signing this agreement I am indicating that I understand these policies and agree to adhere to them.

I also understand that the recommendations and education provided by dietitians at Essence Nutrition, LLC should not be used in place of medical advice.

I understand that all pre-purchased sessions (packages) purchased in advance expire three months from the purchase date and are non-refundable.

I understand that all electronic correspondence (via electronic software, e-mail, or text messaging) will be answered within three business days of receipt by Essence Nutrition, LLC.

**BY: Client**

Signature

## **Welcome Letter and Notice of Privacy Practices**

Welcome to Essence Nutrition, LLC. We are thrilled you have joined us and taken the initiative to find your essence through food. This will be an exhilarating and introspective journey and we are happy to assist you in any way we can. In creating a healthy relationship with food, you may experience a range of emotions - both positive and negative - which will ultimately leave you knowing more about yourself and your essence than you did before. We hope to create a relationship with you built on knowledge, trust, science, and support. Please visit our website at [www.essencenutritionmiami.com](http://www.essencenutritionmiami.com) for more information about our background as registered dietitians, our nutrition philosophy, and other services offered.

Here's what you can expect from Essence Nutrition:

### **Initial Session: 40-60 minutes**

Lifestyle and nutrition assessment, baseline goal setting, intake/weight/food-driven emotional history, selection of a basal nutrition/exercise Essence Nutrition plan (see our Plans and Packages Menu) and goals tailored to your individual nutrition needs. You will be given access to our electronic portal.

### **Please bring the following items to your first appointment:**

1. Signed copy of Privacy Agreement
2. Signed copy of the Payment & Cancellation Agreement
3. Signed copy of Release of Liability Form
4. New Client Registration Form
5. Any recent blood laboratory tests/medical tests pertinent to nutrition
6. Intake Questionnaire
7. Optional: Food Diary

### **Follow-Up Sessions: 40-60 minutes**

Progress evaluation, reevaluation of your Essence Nutrition package, review of goals, evaluation of laboratory tests/medical tests, supplement recommendations, discussion about issues/phenomenons that arise during your Essence Nutrition plans. You will have access to your personalized online nutrition profile complete with food diary analysis. You will be able to track your progress with virtual graphs and access to articles and tools we may share with you through the online portal. You will also have

access to our Pinterest, Instagram, Facebook, and Twitter pages. We may even create a personal Pinterest page for you.

Sincerely,

Your Essence Nutrition team Monica H. Auslander, MS, RD, LD/N

**I have read and understand the above.**

**Signature**