



Kay S Beatty, MS, RDN
Healthy Weight Options, LLC

PO Box 79, Bergton, VA 22811
540-560-9232 (cell) 844-387-5221 (fax)
Email: kay@healthyweightoptionsllc.com
Website: www.healthyweightoptionsllc.com

NEW PATIENT INFORMATION FORM

Today's date _____

Name _____

Address _____

Date of birth _____ Home phone # _____

Cell phone # _____ May I text you with updates: YES or NO

Email address _____

If this is a referral? YES or NO If "yes," who referred you? _____

May I exchange information with your PCP or other medical practitioner? YES or NO

If "yes," please provide the name and address of your PCP or other medical practitioner _____

HEALTH INSURANCE INFORMATION

Name and address of your medical insurance company _____

Policy/ID # _____ Group # _____

Policy Holder's Name _____

Policy Holder's Birthday _____ Relationship to Patient _____

May I exchange medical information with your medical insurance company for billing purposes?

YES or NO

If you have a secondary medical insurance policy, please provide that information below. Otherwise, leave blank.

Name and address of your secondary medical insurance company _____

Policy/ID # _____ Group # _____

Policy Holder's Name _____

Policy Holder's Birthday _____ Relationship to Patient _____

May I exchange medical information with your secondary medical insurance company for billing purposes?

YES or NO

Note: If I am in-network with your insurance provider, you will most likely have no out-of-pocket costs. If I am out-of-network with your insurance provider, you may have co-pays and/or deductibles. If you are uninsured, payment is due at the time of service, unless other arrangements are made in advance.

ABOUT YOU

Age _____ Height _____ Weight _____ Gender _____

How physically active are you? (Circle one)

Sedentary Lightly Active Moderately Active Very Active Don't know/rather not say

Why do you seek nutrition counseling? _____

What are your nutrition and health-related goals? _____

Please list any prescription and over-the-counter medications you take regularly

Please list any herbal supplements, including diet aids, that you take regularly

Do you have any of the following health conditions? (Circle all that apply)

Hypertension/high blood pressure
Prediabetes
High Cholesterol
Anorexia Nervosa
Bulimia
Constipation
Celiac Disease
Osteoporosis or Osteopenia
Hyperthyroidism
Irritable Bowel Syndrome
Congestive Heart Failure
ME/CFS or Long-COVID

Hypotension/low blood pressure
Diabetes
High Triglycerides
Kidney Disease
Liver Disease
Arthritis
Gluten Sensitivity
Menopause
Hypothyroidism
Crohn's Disease
Autoimmune Disease (MS, LUPUS, Hashimoto's, etc.)
Food Allergies (please list below)

Please provide details of medical conditions circled above, and list any additional medical conditions _____

Are you currently on a special diet? YES or NO If "yes," please provide details _____

Are you or have you been on any special diets for weight control? YES or NO If "yes," please list _____

Number of adults in your home _____ Number of children _____ Do you cook? YES or NO

Ages of people living in your home _____

Do you have any religious or cultural food restrictions? YES or NO

If "Yes," please describe _____

Do you engage in structured exercise (walking, weightlifting, yoga, etc.)? YES or NO If "yes," what do you do and how often? _____

Please use the space below to write anything else you would like to share with me prior to our first session

PRIVACY INFORMATION

Please indicate below that you have access to my HIPPA policy.

"I received a copy of or access to Kay S Beatty MS, RDN's HIPPA policy and understand her privacy practices."

Name and Date _____

PATIENT'S DECLARATION

I have completed this form honestly and to the best of my knowledge. If my medical or insurance information changes, I will notify Kay S Beatty, MS, RDN of the changes, while I am under her care.

Patient's Signature* _____

Patient's Name, printed _____

Representative's Signature*, if applicable _____

Representative's Name, printed, if applicable _____

Date _____

*If you are completing this form online, your typed name is your signature.

I look forward to helping you feel your best!

Kay S Beatty, MS, RDN