



## Dietitian Consultation Policy

### Client Disclosure

WellStar Health Place requests that each client provide a complete history of all previous and current medical conditions on our Nutrition Health History form. The client will complete the form to the best of his/her ability and will not hold Health Place responsible for any conditions not disclosed. Dietitian consultations will not be provided until the client completes the Health History form.

### Client Care

Health Place provides services in a manner that honors the privacy and modesty needs of its clients. The dietitian will be conducting a biometric assessment on you which will include things like taking waist measurements and blood pressure. If you are uncomfortable at any point please let the dietitian know.

### Late Arrivals

We request that you **arrive 10 minutes early** for your first appointment and shortly before your scheduled subsequent appointments. If you are late, your appointment will not be extended to cover your late arrival and you will be responsible for the full payment of your appointment.

### Cancellation

In the event that a client must cancel an appointment, we require at least a **24 hours notice** of cancellation. If you miss two appointments subsequently, do not give the appropriate cancellation notice, or are consistently late, **you may not be rescheduled.**

### Payment Terms

Payment is due at the time services are rendered. Payment options include cash, check, Visa, Mastercard and Health Place gift certificates.

### Treatment Policy

The client should not regard any consultation received from Health Place as a replacement for standard medical care. Health Place dietitians will not diagnose medical conditions. Health Place recommends that a client consult their physician if they suspect any disease or other ailment.

*In signing below, I agree to the above conditions for dietitian consultations at the WellStar Health Place:*

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Health Place Staff Name (please print): \_\_\_\_\_

Health Place Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_