namaste nutrition

Diana Dugan Richards RDN LDN
23 Main St., Suite A, Watertown MA 02472
dianaduganrichards@gmail.com
(617) 678-0607

Nutrition Counseling Client Agreement

Welcome to Namaste Nutrition! I value the time we spend together. I join you with a fusion of medical nutrition therapy and psychology as a nutrition therapist to address the whole of you as you explore what your body needs. I believe in being transparent and authentic in our work together. The deepest transformation happens when we meet regularly, usually every two weeks, for a length of time to be determined by your needs. My intention is to create a safe space for your personal development to support the shifts you desire.

Missed Appointments / Cancellations: When clear expectations are set on the front end, there's a greater sense of clarity and trust and that leads to a successful relationship between us. Arriving on time means we get the most out of the session. As unplanned issues may arise that may lead you to reschedule, ***24 hours advanced notice is needed****; if less than 24 hours,* ***a late fee of $100*** *will be assessed for that scheduled time*. If availability is open in the same week for you to make up the missed appointment, there will be no fee assessed.

Payment Options: *(Co-pay will be billed to you and private pay fees are accepted by check, cash or credit card at the start of the session.)*

Insurance plans accepted:
Blue Cross Blue Shield of Massachusetts
Harvard Pilgrim Health Care
Tufts Health Plan
Allways
Cigna
Aetna

By signing this form, you acknowledge you have read the Notice of Privacy Practices for Diana Dugan Richards RDN LDN and give Diana Dugan Richards RDN LDN permission to speak with and disclose your protected health information with the treatment providers listed on the Client Registration form.

Credit Card on File: _____ (card number)

Exp date: _____ month _____ year _____ security code on back _____ zip code

Your credit card will only be charged for payment of fees or co-pays and late cancellations.

_____ _____
Client Date

National Provider Number (NPI): 1629177266 Massachusetts License #1630

namaste nutrition

Diana Dugan Richards RDN LDN
23 Main St., Suite A, Watertown MA 02472
dianaduganrichards@gmail.com
(617) 678-0607

Client Registration

Demographic Information

Name					Date of Birth		
Street Address		City		State		Zip	
Marital Status		SSN				Gender	

Contact Information

Please initial if I may leave a voice message for you. _____*(initial)*

Cell Phone		Email	

Primary Care Physician

Name					Phone		
Address		City		State		Zip	

How long have you seen your PCP? _____ Months _____ Years
Are they aware of your nutrition needs? _____ Yes _____ No

Psychotherapist / Counselor

Name					Phone #		
Address		City		State		Zip	

How long have you seen your therapist? _____ Months _____ Years
Are they aware of your nutrition needs? _____ Yes _____ No

Psychiatrist / Psychopharmacologist

Name					Phone #		
Address		City		State		Zip	

How long have you seen your prescriber? _____ Months _____ Years
Are they aware of your nutrition needs? _____ Yes _____ No