WELCOME!

We wanted to take a minute to thank you for choosing Healthy Roots Nutrition!
We realize this may be your first experience working with a nutritionist, so we hope the enclosed packet is helpful. We certainly appreciate your business and want to make sure you are receiving exceptional service. If there is anything you think our office could do to provide our services more effectively, please let us know.

The enclosed packet contains the following items:

- Appointment Expectations
- Contact information and how best to reach me or my staff
- Frequently asked questions
- Billing Information
- Client Intake/Information Sheet

Please return every page of this form signed initialed via email or mail (Nilli@HealthyRootsNutritition.com) BEFORE your initial appointment.

If you have any questions or concerns, please contact our office at Nilli@HealthyRootsNutritition.com. It would be my pleasure to hear from you and to answer your questions. We truly appreciate the opportunity to work with you.

APPOINTMENT EXPECTATIONS

Healthy Roots Nutrition has a three pronged nutrition approach:

- Figure out what is going on
- Develop and execute the right nutritional plan
- Provide constant care and attention

Appointment 1: Figure Out What Is Going On

Your 1st appointment is designed for your nutritionist to learn about you and your body. Eating habits, personal goals, current physical status, face and tongue mapping, and medical history are among the many topics reviewed during the initial appointment. We encourage our patients to bring any medical testing (blood work, MRIs, GI tests, etc) taken over the past year for a better assessment. Collectively our assessments clue us in to the primary cause of your physical and/or mental distress.

Appointment 2: The Plan

After we have determined your health challenges, we create thorough nutritional plans. Some of the most common plans we provide are meal plans, herbal plans, exercise plans, goal mapping, etc. These plans provide personalized, easy to follow instructions as to how you can improve your body and mind.

In your second appointment we discuss what the plans are, the science behind the plans, the implementation of the plans, and the expectations of the plans.

Appointment 3 and Beyond: Constant Care

Your 3rd appointment (approximately 2-3 weeks later) will include a detailed evaluation. We review the aspects of your plan that you were able to or not able to accomplish. We record progress and physical and mental changes. As well as evolve your plans for further healing and growth.

Evaluations and follow ups are extremely important part of the Healthy Roots Nutrition process. Follow ups provide the space needed for evolving your health plans, expanding your nutrition education, and for providing guidance and support.

We recommend a minimum of 5 appointments for the first 2-3 months of your Healthy Roots Nutrition process. Depending on your growth, response, and needs, after the initial 2-3 months we recommend follow-up appointments monthly, bi monthly, or tri-monthly. Please note that this is a general recommendation and may not apply to everyone. Depending on your situation we may recommend that follow-up appointments occur weekly or bi-weekly.

CONTACT INFORMATION

We want to make sure that all of your questions are answered, and that you feel confident with your nutrition plans. Thus please feel free to contact us anytime you have a question or concern. We will make sure to respond to your inquiry within 2 business days.

The best phone number to reach us: 818-943-1988

The best email to reach us: Nilli@HealthyRootsNutrition.com

Please recognize that email and phone communications are for clearing up QUICK questions and concerns based off of information given during appointments, in addition to scheduling and rescheduling appointments. Email and phone communication is not designed for giving new counsel. Counseling is ONLY given during scheduled appointment times. We reserve the right to charge our hourly rate if phone calls (not related to emergencies) exceed 10 minutes. We also reserve the right to request that appointments be made in order to answer lengthy email questions.

OFFICE HOURS

West Hills Office:

6700 Fallbrook Ave, Suite 100 in Synergy Office Suites

West Hills, Ca 91307

Sunday – Thursday: 9 am - 7 pm

BILLING & PRICING INFORMATION

We cannot wait to get started, but first we have to iron out pricing and billing details.

Each appointment is $110.

The first and second appointments are approximately 45 – 60 minutes in length.

Following appointments are approximately 30 – 45 minutes in length

We also offer great PROMOTION PACKAGES.

7 APPOINTMENT PACKAGE – 30% off

Includes Initial Physical + Action Plan Appointment + 5 Follow-Up Appointments

$539 *(original value $770 - save $231)*

5 APPOINTMENT PACKAGE – 25% off

Includes Initial Physical + Action Plan Appointment + 5 Follow-Up Appointments

$412.50 *(original value $550 - save $137.50)*

3 APPOINTMENT PACKAGE – 20% off

Includes Initial Physical + Action Plan Appointment + 2 Follow-Up Appointments

$264 *(original value $330 - save $66)*

Please make sure to communicate if you would like to purchase a specific package. We will not charge you for a package unless you ask us to.

CREDIT CARD AUTHORIZATION FORM

The following credit card authorization form MUST be filled out, even if you plan on paying by cash or check. We reserve the right to refuse to conduct your scheduled appointment if this form is not completed.

Please circle the credit card type:

VISA MASTERCARD DISCOVER (we do not except AMEX)

Credit card number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration date :_____ /_____(mm/yy)

CRV number:_____

Exact name as it appears on the credit card:

_____

Billing Zip Code: _____

Primary phone number: _____

Primary email:_____

Cardholder Name (Print): _____

Cardholder Signature: _____

Date:_____

*** Be aware that if you do not reschedule/cancel your appointment 48 hours (see our cancellation policy), your card will be charge for the full appointment cost you missed, NO EXCEPTION. ***

*** Please note that any phone call not pertaining to an emergency exceeding 10 minutes can result in a charge ***

FINANCIAL RESPONSIBILTY

By placing my initials after the following paragraphs and by placing my signature below, I understand that I (or guardian or designee) am financially responsible for services or products provided by Healthy Roots Nutrition and/or Nilli Grutman at the time said services or products are rendered. This includes any diagnostic services, procedures, consultations, phone consultations, and any other nutrition guidance provided to me in the course of my care.

Initials of Patient or Responsible Party _____

I also acknowledge that any outstanding balances not paid within 120 days of services or products rendered may be turned to a collection agency which could have an adverse effect on my credit rating. And which also may result in additional fees, penalties, and interest charges to be incurred all of which I agree to be responsible for. A $35 dollar penalty will be charged for any balances over 30 days. In the event of a collection action, I agree to pay reasonable attorney fees & court costs.

Initials of Patient or Responsible Party _____

I also acknowledge that all Healthy Roots Nutrition services are sold on a cash basis and we will not participate in attempts to seek reimbursement or communicate with your insurance carrier beyond our providing a bill.

Initials of Patient or Responsible Party _____

If a dispute arises out of or relates to this agreement, or the breach thereof, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its Commercial Mediation Procedures before restoring to binding arbitration also to be administered by AAA under their procedures.

Initials of Patient or Responsible Party _____

Signature of Client/Guardian/Responsible Party _____

Date _____

CLIENT IN TAKE FORMS

First Name:

Last Name:

Address:

City: State:

Zip Code:

Profession:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Birthday: Age:

Who should we thank for your referral?

Current Physician(s): Phone(s)

Current Physician(s): Phone(s)

Date of last physical:

Have you been in the hospital in the last 5 years? yes / no

If yes, explain why?

Please list all herbs, vitamins, drugs, etc. that you are currently taking, even if infrequently (this includes Tylenol for headaches, allergy meds, etc.) :

Do you have any symptoms that have not been diagnosed by a medical doctor. If so what are they?

Do you have allergies to any foods, vitamins, and/or medications?

Do you have a history of high blood pressure?

Do you have any heart conditions?

Have you had any surgeries in your lifetime? If yes, what were they, and when were they performed?

Please state what you hope to accomplish with the guidance of Healthy Roots Nutrition? (please be descriptive)

Please include any other health information you feel may be relevant:

PHYSIO. SCREENING

Please fill in each line with the most appropriate number.

0 = less than once per month

1 = more than once per month

2 = more than once per week

3 = more than three times per week

4 = daily

Do you feel nauseous?

Do you have gas?

Do you have abdominal bloating?

Do you get gassy/bloated after meals?

Do you get reflux and/or heart burn?

Do you have constipation?

Are your stools compact and hard to pass?

Do you have diarrhea?

Do you have intestinal pain?

Do you suffer from headaches?

Do you feel faint?

Do you suffer from dizziness?

Do you suffer from insomnia?

Do you have sinus problems?

Do you have excessive mucus formation?

Have a soreness of throat?

Do you have acne?

Do you suffer from hair loss?

Do you suffer from hot flashes?

Suffer from rapid or pounding heartbeats?

Have chest pain?

Have shortness of breath?

Have difficulty breathing?

Have pain or aches in joints?

Have pain or aches in muscles?

Feeling of weakness or tiredness?

Do you avoid eating when hungry?

Do you eat when not hungry?

Do you binge eat/drink?

Do you crave certain foods?

Do you eat when you are emotional?

Do you diet frequently?

Do you think about your weight often?

Do you suffer from water retention?

Do you have mood swings?

Do you have anxiety, fear, nervousness?

Do you feel angry, irritable, and/or aggressive?

Do you feel depressed?

Do you have poor memory?

Do you feel confused?

Do you have difficulty making decisions?

Do you feel restless?

Do you feel sluggish?

Do you feel lethargy?

Do you get sick often?

Are your eyes sensitive to light?

Do you get a good night's sleep?

Do you dream?

Do you exercise?

Do you skip meals?

Do you smoke?

Do you drink alcohol?

FOOD PREFERNCES

Please circle the attributes you crave the most:

Salty oily sweet crispy sour spicy chewy fatty

Please list the foods you eat in excess:

Please list the foods you dislike:

Please list the beverages you consume:

Please list healthy foods you enjoy eating:

Do you enjoy cooking?

Do you enjoy eating out? If so where?

Do you own a blender or juicer?

48 HOUR CANCELLATION POLICY

At Healthy Roots Nutrition, we do our best to accommodate all of our clients. In order to continue doing so, we would appreciate any cancellations to be made 48 hours prior to any appointment scheduled. Without 48 hour notice, your missed appointment will be charged in full.

I, , have read and understood the above cancellation policy.

Signature

Date