

Welcome!

I look forward to working with you. Here are some things you can do to make the most of your initial consultation appointment.

What to Expect

We will meet for 75 minutes and discuss your goals and expectations. I'll ask you a lot of questions to help assess your situation and offer realistic solutions. We will work together at a pace that is emotionally comfortable to you. Although I might be considered an expert in the work I do, I'm not an expert of *you* (only you know your thoughts, feelings and experiences)—your input is important to this process.

What to Bring

It is helpful to bring, or fax 877-404-9041, or email Etribole@gmail.com the following:

- Medications you are taking, including the dose
- Supplements, including the amounts
- Recent Labs (blood work)
- Any other records or information that could be helpful
- Completed forms:
 - Release Form (page 2)
 - Contact Information (page 3)
 - Credit Card Payment Form (Optional, page 4)

Weekly appointment e-reminder

As a courtesy, I send out an email appointment reminder at the beginning of the week of your scheduled appointment.

Directions and Map



Here is a link for directions to my office:

<http://bit.ly/bNveyd>

Phone or Skype Sessions

At the time of your appointment, call my back line at 949-955-1447 (this is my direct line and there is no voicemail). If you ever need to leave a message you can always call my main number at 949-478-5016. If arrangements have been made to speak via Skype—contact me at Etribole. Also, please make your payment prior to your session at <http://bit.ly/payment-session>.



Release Form

Please complete and sign this release form, which enables me to contact your physician and/ or therapist.

I _____ (**print your name**), authorize Evelyn Tribole, MS, RD, consulting nutritionist, to contact and/or release information concerning my nutrition therapy to the following physicians/therapists:

| |
|---------|
| Name |
| Address |
| Phone |

| |
|---------|
| Name |
| Address |
| Phone |

| |
|---------|
| Name |
| Address |
| Phone |

Signed _____

Date _____

Your phone _____

Contact Information

| | |
|--|---------------------|
| Name | Date |
| Address: | Referred by: |
| Communication Information Phone(s): Cell: Home: Work: <i>Is it okay to leave a message at any of these numbers? Which?</i> e-mail: | |
| Other: | |



Credit Card Payment Form (Optional)

Please complete this form if you wish to pay by credit card, but won't be physically present in the office for the session; (such as for phone sessions or when a parent is paying for their child's session, but won't be in attendance).

| | |
|-----------------------|--|
| Payment Method | <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> Debit Card |
|-----------------------|--|

CREDIT CARD INFORMATION

Credit Card Number:

____ / ____ / ____

Expiration Date: __ / __

CCV (3-digit number on back of card): __ __ __

Card Holder's Billing Address:

Street

Zip

Card Holder's Name:

By signing below, I authorize Evelyn Tribole, MS, RD to bill the above credit card.

Authorization Signature:

Date: