



Pam Chin-Lai MS, RD, LD
Nutrition Consultant

NEW CLIENT INFORMATION

Welcome to my practice and nutritional counseling. I am pleased to have the opportunity to work with you on improving your nutrition and health through nutrition therapy. This document will give you information about my background and practice.

Eating disorder behaviors tend to be a secretive, embarrassing subject for many clients. Because of this you may have difficulty being forthcoming and honest about your behaviors. Please know that the more information that I have the better I will be able to guide you. Also anything that you may do with food will not surprise or shock me.

I recommend keeping a food record including the time, food eaten, approximate amount, and any thoughts or feelings. Food records are helpful for both of us to recognize patterns, eating disorder thoughts, and develop strategies. Some clients do not find food records helpful and this is certainly acceptable and will not diminish our work together.

A multivitamin and calcium supplement is recommended daily. Good sources of calcium include calcium citrate and calcium carbonate. Look for supplements that provide 300 to 500 mg of calcium.

Please feel free to ask me any questions that may arise during our work together.

APPOINTMENTS AND FEES

The initial consultation is 90 minutes. In this session I will be asking you about your weight and diet history so I can make an assessment of your nutritional status. We will also talk about your goals and begin strategizing about how best to meet them. This consultation is \$150.00. Follow up sessions are 50 minutes and the cost is \$135.00. Fees includes initial and periodic computer analysis of your diet plus written summaries and regular phone consultations to other members on your team.

Payment is expected at the time of your appointment. Payment can be by check, cash, or credit card. Payments not received 24 hours following the appointment time will be charged a \$25.00 late fee. Because appointment times are reserved exclusively for you, I require 24 hours advance notice for cancellations. Full payment is required for appointments not canceled 24 hours in advance.

CONTACT INFORMATION

My main office number is 972.930.0766. I return calls as promptly as possible. If you leave a message on Fridays after 3:00 p.m. I usually will return the call on Monday. Also, I am in the office on Saturdays, however, I return messages left on Saturday on the following Monday. If you have my cell telephone number, please do not call that number unless you are unable to find my office. You may also wish to communicate by email, my email address is chinlai2@aol.com. Please do not cancel appointments via email in order to assure that I receive the message in a timely way.

17300 Preston Road, Suite 160
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Dallas, Texas 75252

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972.930.0766

SATURDAY APPOINTMENTS

Enter the building through the front doors which are the revolving doors on the east side of the building. The courtyard entrance is locked on Saturdays. After 2:00 p.m. all of the doors are locked, please ring the doorbell outside of the courtyard entrance. Please do not ring the doorbell unless the doors are locked.

INSURANCE

Many medical insurance policies do not offer coverage for outpatient medical nutrition therapy, therefore carefully investigate the types of coverage you may have. It is the client's responsibility to submit the claim and have the insurance company reimburse you. I offer an information sheet on ways to increase the likelihood of being reimbursed.

CONFIDENTIALITY

Clients are assured of confidentiality which is protected by ethical practice and by law. If, however, I believe you are in medical danger or intend to harm yourself or another person I am obligated to break confidentiality.

Parents of adolescent clients are understandably very interested in the nutritional status of their child. Parents are welcome to come in the beginning and/or end of any session to relay information or ask questions.

I have read and understand the above document and agree to comply with the policies.

Date: _____ Client's Signature _____

Date: _____ Parent's Signature _____