



Functional Nutrition Coaching Application

Name _____

Date: _____

Address _____

City _____ State _____

Email Address _____

Phone # _____

Date of Birth: _____

Gender: _____

Emergency Contact: _____

Questions:

What are your primary health problems?

1. _____

2. _____

3. _____

When Was the Last Time You Felt Well?

Did Something Trigger Your Change in Health?

What Makes You Feel Worse?

What Makes You Feel Better?

What are your health goals?

1. _____
2. _____
3. _____

How Committed are You To Doing What it Takes to Achieve These Health Goals? (Circle One)

Interested

Partially Committed

100% Committed

What Do You Hope to Achieve By Health Coaching with Us?

1. _____
2. _____
3. _____

Are You on a Special Diet?

What Medications Are You On and For How Long Have You Been on Them?

What Supplements are You Taking?

INFORMED CONSENT REGARDING E-MAIL OR THE INTERNET USE OF PROTECTED PERSONAL INFORMATION

Exodus Health Center provides patients the opportunity to communicate with them by e-mail. Transmitting confidential health information by e-mail, however, has a number of risks, both general and specific, that should be considered before using e-mail.

1. Risks:

a. General e-mail risks are the following: e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward e-mail to other recipients without the original sender(s) permission, or knowledge; users can easily misaddress an e-mail; e-mail is easier to falsify than handwritten, or signed documents; backup copies of e-mail may exist even after the sender, or recipient has deleted his/her history.

b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail messages; patients who send, or receive e-mail from their place of employment risk having their employer read their e-mail.

2. Exodus Health Center Email and Internet Policies:

It is our policy that all e-mail messages sent or received, which concern the diagnosis, or treatment, of the patient will be a part of that patient's protected personal health information and we will treat such e-mail messages, or internet communications, with the same degree of confidentiality as afforded other portions of the protected personal health information.

We will use reasonable means to protect the security and confidentiality of e-mail, or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail, or internet communications.

3. Patient Consent

Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:

a. All e-mail to, or from, patients concerning diagnosis and/or treatment will be made a part of the protected personal health information. As a part of the protected personal health information, all of our health coaching practitioners and upon written authorization other healthcare providers will have access to e-mail messages contained in protected personal health information.

b. Our practitioners may forward e-mail messages within the practice as necessary for diagnosis and treatment. We will not, however, forward the e-mail outside the practice without the consent of the patient as required by law.

c. We at Exodus Health Center will endeavor to read e-mail promptly, but can provide no assurance that the recipient of the particular e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency.

d. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.

e. We cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the e-mail, or internet communication. However, Exodus Health Center is not

liable for improper disclosure of confidential information not caused by its employee's gross negligence, or wanton misconduct.

f. If consent is given for the use of e-mail, it is the responsibility of the patient to inform our staff of any type of information you do not want to be sent by e-mail.

g. It is the responsibility of the patient to protect their password or other means of access to email sent, or received, from our staff, to protect confidentiality. Exodus Health Center is not liable for breaches of confidentiality caused by the patient.

Any further use of e-mail initiated by the patient that discusses diagnosis, or treatment, constitutes informed consent to the foregoing. I understand that my consent to the use of e-mail may be withdrawn at any time by e-mail, or written communication, to Exodus Health Center and I have read this form carefully and understand the risks and responsibilities associated with the use of email. I agree to assume all risks associated with the use of email.

Name: _____

Date: _____

Signature: _____

Health Coaching Policy

The health coaches at Exodus Health Center do not aim to diagnose or treat any sort of medical condition. We are not acting as primary care physicians at all and are not licensed to treat any medical condition.

Exodus Health Center offers a wide range of functional lab tests and we are happy to provide health consulting with those who have ordered labs from us. Our lab test review is not meant to treat or diagnose any medical condition.

Instead, we provide health coaching to help people improve their health. Our health coaching does not substitute for a Doctor – Patient relationship and we encourage you to work and consult with your primary care physician before beginning any lifestyle change.

With any sort of lifestyle change or use of nutritional supplements, there are risks, and although the chances are slim, your health may get worse during this process. Exodus Health Center does not take legal responsibility for any changes in your health but will work with you to get the best health outcome.

I understand that the health coaches at Exodus Health Center are not diagnosing or treating any medical condition I may have. I also understand that there are risks to any lifestyle change and to taking supplements. I accept full responsibility for my health condition and for any risks that may come with following the instructions set out by the Exodus Health Center health coaches.

Name: _____

Date: _____

Signature: _____