

The Rolf Workshop Center For Structural Performance

Manuel Aragon- CAPSI
2025 Newport Blvd. Suite 110
Costa Mesa, CA 92627
(949) 375-7278

Attached is the paperwork you will need for your first visit with Manuel Aragon. Your appointment has been scheduled under the assumption that your paperwork will have been completed prior to your appointment time. When filling out the Symptom Survey form, please follow the directions carefully. Mark box "1" for mild symptoms, "2" for moderate symptoms or "3" for severe symptoms. If the symptom does not apply to you, leave the box blank. Please have all of the forms completed before you come in for your appointment so I can spend the entire amount of time allotted for you.

When you arrive for you appointment, please:

- Bring your completed new patient forms (enclosed)
- Bring a summary of your medical history
- Bring any medications or vitamin supplements you are currently taking
- Bring any recent lab work, reports or x-rays you have available

Your initial consultation will be \$175 which *includes* the 2nd session where I will address the report of findings and begin nutritional counseling. Subsequent visits are \$75. Please allow 1 hour for the initial consultation sessions and 30 minutes for subsequent visits. I look forward to working with you to re-establish vital health in your life. If you have any questions, please call me at (949) 375-7278.

Sincerely,

Manuel Aragon

The Rolf Workshop Center For Structural Performance

What Makes a Successful Patient?

- Show up and be on time to every appointment
- Take supplements as directed
- Complete food diary's as given
- Take responsibility for your health, no excuses
- Complete lab tests as needed
- Ask questions
- All concerns are to be directed through email, phone, or in office with Manuel Aragon- don't wait.

This is a long-term lifestyle change, not a short term fix. Manuel Aragon expects compliance and follow-through in order for his clients to get well and to meet their health goals.

SUBSTANCE SURVEY FORM

Name _____ Date _____

Please list any PRESCRIPTION MEDICATION you are currently taking or have taken in the last 2 years

Name	Daily Dosage	Diagnosis or Symptom	Dates of Use

Please list any OVER THE COUNTER MEDICATIONS you are currently taking or have taken in the last 2 years

Name	Daily Dosage	Diagnosis or Symptom	Dates of Use

Please list any VITAMINS, SUPPLEMENTS, OR HERBS you are currently taking or have taken in the last 2 years.

Name	Daily Dosage	Diagnosis or Symptom	Dates of Use

Please list any ALLERGIES that you may have

Please list all SURGERIES or other MEDICAL PROCEDURES Date:

CIRCLE THE FOLLOWING ITEMS WHICH APPLY TO YOU AND INDICATE THE AMOUNT USED:

- | | | | | | | |
|--------------------------|-------|----------------------|-------|------------------------|-------|------------------|
| Coffee | Y / N | Candy | Y / N | Alcohol | Y / N | X's per wk. ____ |
| Tea | Y / N | Ice Cream | Y / N | Cigarettes | Y / N | X's per wk. ____ |
| Soft Drinks | Y / N | Artificial Sweetener | Y / N | Other Tobacco Products | Y / N | |
| Antacids | Y / N | Laxatives | Y / N | | | |
| Other Caffeinated Drinks | Y / N | | | | | |

How many desserts do you have in an average week? _____

Are you on any special diet? _____ If so, what? _____

NUTRITIONAL THERAPY INFORMED CONSENT AND DISCLAIMER

Before you choose to use the services of a Holistic Health Practitioner, please read the following information FULLY AND CAREFULLY.

GOAL: Our basic goal is to encourage people to become knowledgeable and responsible for their own health, and to bring it to a personal optimum level. Nutritional therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health, absent other non-nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. A Clinical Nutritionist is trained to evaluate your nutritional needs and make recommendations of dietary change and nutritional supplements. A Clinical Nutritionist is not trained to provide medical diagnoses, and no comment or recommendation should be construed as being a medical diagnosis. Since every human being is unique, we cannot guarantee any specific result from our programs.

HEALTH CONCERNS: If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. A Clinical Nutritionist is not a substitute for your family physician or other appropriate healthcare provider. A Clinical Nutritionist is not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases.

If you are under the care of another healthcare provider, it is important that you contact your other healthcare providers and alert them to your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program.

If you are using medications of any kind, you are required to alert the Nutritionist to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist.

If you have any adverse physical or emotional reaction to nutritional therapy, discontinue their use immediately, and contact your Nutritionist to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correcting the imbalance. It is your responsibility to do your part by using your nutrition guidelines, exercise your body and mind sufficiently to bring your emotions into a positive balance, eat a proper diet, get plenty of rest, and learn about nutrition. You must stay in contact with the Nutritionist so we can let you know what is happening and the best course of action.

You should request your other healthcare provider, if any, to feel free to contact the Nutritionist for answers to any questions they may have regarding nutritional therapy.

By my/our signature(s) below, I/we confirm that I/we have read and fully understand the above disclaimer, are in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein.

NAME (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

SIGNATURE FOR CLIENT _____

RELATIONSHIP TO CLIENT _____ DATE _____

NUTRITIONAL THERAPY is NOT COVERED BY INSURANCE AND ALL COSTS ARE THE SOLE RESPONSIBILITY OF THE CLIENT.

Cancellation Policy

We require 24 hours notice when canceling appointments. If not enough notice is given, there will be a \$35 fee. Please be courteous and respect our time, as we respect you and your time. It is our duty to set standards such as these to protect our time invested in you as the patient.

Thank you,

Manuel Aragon

I have read and understand the Rolf Workshop Cancellation Policy. I have provided a credit card to keep in my file and understand it will ONLY be charged after a missed appointment if not enough notice is given.

Signature: _____ Date: _____

CC # _____ Exp _____ / _____