



## Crystal Clear Nutrition, PLLC

Crystal Hein, MA, RD, CDN  
420 East German St. Suite 103 A

Herkimer, NY 13350

Office: (315) 717-2202

Fax: 800-891-4959

Email: [crystaldietitian@gmail.com](mailto:crystaldietitian@gmail.com)

### New Patient Registration

Please complete this registration form

and return it prior to your appointment either by fax or via email.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Reason for Nutrition Consultation: \_\_\_\_\_

Referred by (Doctor, friend, internet, etc.):  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

PCP Address: \_\_\_\_\_

PCP Phone Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_ ID or Policy Number: \_\_\_\_\_

Group/Code: \_\_\_\_\_ Date Effective: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_



## Crystal Clear Nutrition, PLLC

Crystal Hein, MA, RD, CDN  
420 East German St. Suite 103 A

Herkimer, NY 13350

Office: (315) 717-2202

Fax: 800-891-4959

Email: [crystaldietitian@gmail.com](mailto:crystaldietitian@gmail.com)

Medical History:

---



---



---

Medications:

---



---



---

Food Allergies/ Intolerances:

---

Any recent medical concerns/ symptoms:

Diarrhea

Constipation

Nausea/ vomiting

Heartburn

Appetite changes

other: \_\_\_\_\_

Current Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Personal Health Goals:

- 1.
- 2.
- 3.
- 4.
- 5.