



(904) 363-3374
www.HealthByDesignFL.com

2002 Southside Blvd Jacksonville, FL 32216

PATIENT NAME

PROGRAM GUIDELINES

Please place this in an obvious location as a pleasant reminder.

APPOINTMENTS:

1. You are expected to keep all appointments as scheduled in order to ensure maximum progress in your case. If for some reason you cannot make an appointment, we require a **minimum 24 business-hour** advanced notice before cancellation or rescheduling. *Failure to do so or cancelling Friday through Sunday (hours that our office is closed) for a Monday appointment will result in your card on file being **automatically** charged for the **full value** of the service(s)/appointment(s) that you were scheduled for.* You will need to reschedule that appointment for the SAME week and not fall into the following week. _____
2. Confirm your appointment when you receive your courtesy reminder. Failure to do so will forfeit your appointment spot. _____
3. Please “allow” reminders from our text software for both text and emails and don’t opt-out of alerts. This is how we communicate important announcements including changes in office hours, events and promos. _____
4. NRT follow-up visits generally take 10 minutes or less unless you are scheduled for a re-exam which takes longer. We will let you know in advance of re-exam appointments. Your coaching sessions will be an additional 30 minutes. You are welcome to coordinate with NRT follow-ups or schedule separately. Coaching sessions need to be completed by the end of the Fine Tuning Phase of care. Please note that occasionally your appointment will be with any of the Providers in the practice in order to keep you on your recommended schedule. Extended visits, though rarely needed, are charged proportionally. To save time on your visits, write down your questions and let the practitioner know about these at the beginning of the visit. In between visits, it is highly recommended that you take up any questions with the Patient Advocate, either by phone or email since there is no charge for time spent with the Patient Advocate. The Patient Advocate’s email address is PA@healthbydesignfl.com. _____

CHECK IN/CHECK OUT:

5. Check in at the Front Desk when you arrive. Your appointment might require paperwork before you can be called back. _____
6. Take care of supplement orders and refills **after** your appointment. They will often change as a result of your recheck. _____

FOOD LOG:

7. Fill out your Daily Record of Food Intake form as you eat each meal, snack, etc. between visits. Make it a habit to do it this way and not wait until the end of the day or later. This will ensure accurate information for the practitioner. _____
8. Filling out the Food Log and implementing suggested changes is KEY to you improving your health. Arriving at your appointment without your Food Log will result in you being sent to get it or reconstructing it in the waiting room, and your appointment will be worked in around others’ visits resulting in a possible

wait time. _____

9. You will be required to bring your food log to your NRT and Coaching appointments as the coach and practitioner will be working closely to help you achieve your goals and to customize your program.

SUPPLEMENTS:

10. TRY NOT to miss any doses of your supplements. Missed doses will slow down improvement and extend the time it takes to complete your program. If you miss a dose, you make it up at a point later in the day. If this happens repeatedly, let the practitioner know so your supplement schedule can be modified. _____
11. Please don't take your supplements within 1 hour of your Office Visit. _____
12. Any nutritional supplements you may need will be ordered as you need them. Health by Design orders supplements bi-weekly and payment for the supplements is expected at the time of purchase or order. You can pick up your supplements from the office when they arrive or can elect to have them shipped directly to you for an additional \$13. It is your responsibility to keep track of your personal supplement inventory and call to reorder or schedule a nutrition consultation to see if your needs have changed BEFORE you run out of product. _____
13. Please keep in mind that our nutritional products DO NOT cause "side effects" as they are not drugs. Occasionally after starting a nutritional program, you may feel a temporary worsening or even feel "sick." If this occurs, do NOT cancel your appointment. Immediately call the office. Sometimes these "flare-ups" are actually a "Healing Crisis" which indicates your body is starting to heal by throwing off toxins that have been keeping you sick. By fine-tuning your program, we can help you get through these types of situations much more smoothly, if they even occur. When you are not doing well is when it is often most important to come in so we can fine-tune your program and help you correct the underlying cause of the problem more rapidly. _____
14. There are no refunds on supplements. Please ensure all supplements are correct before leaving the office. _____

WORKSHOP ATTENDANCE:

15. It is REQUIRED that you attend at LEAST one of our public education workshops within the first four weeks of your program. This is for YOUR own benefit. Each lecture we do is approximately 1 hour so that is like getting six office visits ABSOLUTELY FREE. We encourage you to bring a friend or family member who is supportive of you coming to our office for care. This would allow them to see and better understand what exactly it is we do. In addition, it may even encourage them to become a patient themselves. This would be to your benefit because every time people do a program as teammates, they get BETTER RESULTS and FASTER IMPROVEMENTS. _____

IMPORTANT:

- 16. Please consider all the dynamics in your life that could interfere with or prevent you from doing or completing your health improvement program. If you need assistance in working out how to handle any obstacles in your quest for better health, please stay in communication with the Patient Advocate. _____
- 17. As a courtesy to fellow patients with allergies please refrain from wearing perfume or cologne to your appointment. _____
- 18. The lobby is a quiet area, please refrain from using your cell phone during this time and keep it on vibrate or silent. _____
- 19. The purpose for the discount on our prepaid packages is to assist you in your commitment to restoring your health. If you relocate (move out of State or several hours away) and are unable to continue with us, please consider gifting your unused visits to someone in need. You are encouraged to continue care through our virtual appointments. Should you want a refund, please put your request in writing and submit it to PA@healthbydesignfl.com. There is a contract breakage fee of \$150, and all visits are calculated at full price before subtracting it from the original cost of the package. The balance will be paid to you 30 days upon receipt of requested documents. _____

Signature _____

Printed Name _____

Date _____

Witness/Provider Signature _____