

**Eileen F Pierro, EDM, RDN, LD**  
**Patient Personal Information Form**

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

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

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender/Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Authorization:**

I agree to pay for nutrition services at the time of visit in the form of cash. Payment can be made through Venmo App to Eileen Pierro, Eileen-Pierro prior to appointment. Venmo App can be download free of charge on Google Apps or Apple Store. I understand that this provider will be charging me whether I show up to my appointment or not. I must cancel my appointment 24 hours prior to my appointment time to avoid charges.

I hereby also consent to treatment for nutritional counseling for myself.

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_