**Nutrition for Seizures, Lynn Altieri-Need, F.D.N.**

Welcome!

Thank you for choosing the health consulting practice of Lynn Altieri-Need, F.D.N. We are dedicated to making your experience a most satisfying one and will work hard to provide you and/or your child the type of care that is specifically tailored to your needs.

The information enclosed in this packet is necessary for us to complete your file and for our participation in your health care. You are encouraged to keep copies of these documents for your records.

**NOTE: The following forms must be completed, signed, and received by our office prior to scheduling a consultation with the doctors.** We apologize for any inconvenience this may cause, but we need to accommodate other individuals waiting to be scheduled. **You may fax, mail or email these forms to the addresses or fax number below:**

**272 Sierra Manor Rd, Suite B3, Mammoth Lakes, CA 93546-1603**

**760 709 6757 lynn@advocateforhealing.com**

1. **Consultation Information Packet** (includes Contact Information Form, and Credit Authorization Form) – *return*
2. **Doctor Notification Policy** *(return)*
3. **Health History Questionnaire** *(return)*

If your initial health education consultation is by phone or internet it is still a good idea to have another adult tend to your child so your consult remains uninterrupted.

If you have copies of recent *(within the past year)* medical and laboratory reports, please provide them to our office at least 48 hours prior to your consultation. This provides us enough time upload the files and to have the doctors review them prior to your appointment.

Please don’t hesitate to contact us should you have any questions. We look forward to assisting you.