

# Positive Patterns for Life, LLC

Laurie Jean Ellis, MHNE, BSN, RN, CDCES

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## Client Disclosure and Consent Form

I, Laurie Jean Ellis, am a registered nurse and holistic nutritionist specializing in the areas of diabetes care and education, weight management, and pediatrics. I earned a master's degree in health and nutrition education from Hawthorn University, and a bachelor's degree in nursing from the University of Wyoming. I hold a registered nursing license in the state of Wyoming and a Certified Diabetes Care and Education Specialist with the Certification Board for Diabetes Care and Education.

I, Laurie Jean Ellis, am licensed and authorized to provide the health care and education services to clients as is defined by the Wyoming State Board of Nursing and the Association of Nutrition and Dietetics:

My scope of practice as a registered nurse includes but is not limited to administration, teaching, counseling, supervision and delegation, evaluation of nursing practice and execution of the medical regimen. The nursing process consists of assessment (health status, nutrition, physical, social, emotional), nursing diagnosis (functional health patterns), developing and writing health plans, implementing health supporting interventions, and evaluating effectiveness of these interventions. The nursing process is utilized in the promotion and maintenance of health, case finding and management of illness, injury or infirmity, and restoration of optimum function.

My scope of practice as a health and nutrition educator is to present information and training to promote skill development and knowledge that will help the client(s) adopt health supporting lifestyle habits and eating behaviors to optimize the client's nutritional status, prevent disease, and maintain or improve the client's health and well-being. Health and nutrition information and training includes:

- Principles of good nutrition and food preparation;
- Food to be included in the normal daily diet;
- Essential nutrients needed by the body;
- Recommended amounts of the essential nutrients based on established standards;
- Actions of nutrients on the body;
- Effects of deficiencies or excesses of nutrients;
- Foods, nutrient supplements and dietary supplements that are good sources of essential nutrients;
- Lifestyle habits that support and damage health; and
- Behavioral change tools and skills to support the adoption of health supportive habits.

I, Laurie Jean Ellis, provide health and nutrition education to individuals, to families, and to groups. Individual and family sessions may be in person or via video conferencing.

I, Laurie Jean Ellis, do not make medical diagnosis (i.e. diagnose diseases or health conditions). I do not perform diagnostic procedures (i.e. swallowing evaluation). I do not prescribe therapeutic diets. However, it is within my scope of practice to provide education to a client(s) in compliance with a physician prescribed therapeutic diet (i.e. 2000 calorie diabetic diet). As a registered nurse, I am authorized to perform therapeutic procedures as prescribed by a physician (i.e. perform wound care). However, as an independent health and nutrition educator, I will not be performing any therapeutic procedures as part of my independent practice.

I, the Client, understand I do not need a physician's order to secure health and nutrition counseling services from Laurie Jean Ellis. I understand that these health and nutrition services will not be eligible to be receive reimbursement from my health insurance company. I understand I will be responsible to pay for the full amount of the services rendered. The fee for health and nutrition counseling is \$45 per 50 minute session; \$25 per 25 minute session; and \$15 per 15 minute follow up session.

I, the Client, understand that health and nutrition education is not meant to replace medical care or treatment of a health issue or medical condition.

I, the Client, currently [am\_\_\_\_ / am not\_\_\_\_] under the care of a physician for a health issue or medical condition. Please list health issues or medical conditions, if applicable:

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I, the Client, give Laurie Jean Ellis, MS, BSN, RN, CDCES permission to contact my physician for the purpose of sharing and receiving the following health information related to the diagnosis of diabetes and all diabetes associated health conditions (diabetes complications) initialed below:

\_\_\_\_ Healthcare Provider Clinic Visit/Progress Notes

\_\_\_\_ Lab Reports

\_\_\_\_ Diabetes Self-Management Education Sessions/Progress Reports

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Client's printed name: \_\_\_\_\_ Initial \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL THIS COMPLETED FORM TO [POSITIVEPATTERNSFORLIFE@GMAIL.COM](mailto:POSITIVEPATTERNSFORLIFE@GMAIL.COM).**