

**Ann M. Del Tredici, MS, RD, CDE**  
**Registered Dietitian, Certified Diabetes Educator**  
**Chronic Kidney Disease Dietary Management**  
**929 Sir Francis Drake Blvd, Suite 102**  
**Kentfield, CA 94904      Phone and Fax: (415) 256-1301**  
**Email: [anndt@aol.com](mailto:anndt@aol.com) Website: [www.anndeltredici.com](http://www.anndeltredici.com)**

Dear New Patient,

Thank you for scheduling an appointment with me. The following information covers some frequently asked questions about nutrition counseling services with me.

**Fees:** The fees for nutrition counseling are: \$180/hour, \$135/45-minute visit, \$90/half hour, \$45/15-minute visit, \$225/75-minute visit and \$270/90-minute visit. Ideally, the first visit needs to be 60 to 90 minutes. Follow-up visits can be shorter. With established patients, 15-minute follow-up visits are available.

**Payment:** Please be prepared to **pay at the time of service** or to discuss a payment arrangement with me. I accept checks or cash (no credit cards, sorry.) I bill for Medicare, Aetna, Anthem, Blue Cross, Meritage & other insurances. Other claims can be submitted directly by you.

**Insurance Coverage:** Some insurance companies do cover nutrition counseling. Some do not. It usually depends on what your diagnosis is. The only way for you to know for sure is to call your insurance company and ask them if it will cover you for your specific diagnosis. Keep a note of the person you speak with on the phone.

Even if your doctor referred you, you will need to check with your insurance company to know for sure. If you have an insurance plan managed by "Meritage Medical Network," you will need to be **pre-approved** for visits to see me. This would include Meritage Blue Cross HMO, Meritage Cigna HMO, Meritage Health Net HMO and other Meritage insurances. I am an Aetna provider, for Aetna HMO and PPO plans, Anthem BlueCross, Blue Shield, Cigna, and some others, but check with your insurance first for your specific diagnosis. This list is always changing, so check with me and/or your insurance carrier for coverage questions.

**Medicare** covers visits—but only if you have **diabetes** or **pre-end stage kidney disease**—there are no exceptions—it is Medicare's rule. Medicare will not cover **pre-diabetes**. "**Medicare Advantage**" plans cover the same diagnoses as Medicare but usually require pre-approval. No other medical problems, no matter how serious, are covered by Medicare or secondary insurance—even if your doctor referred you to me.

**Prior to First Visit:** Please fill out the attached simple questionnaires and bring them with you to your first visit. They will help me gather information about your eating habits. Please feel free to ask me your questions and to bring anyone with you to the visit.

**Cancellations:** If for any reason you need to cancel or change an appointment, please give me at least 24-hours notice. I reserve the right to bill you for late cancellations and missed visits.

I look forward to meeting and working with you.  
Most sincerely,

*Ann Del Tredici*

Ann M. Del Tredici, MS, RD, CDE

## **Map and directions to Ann M. Del Tredici's Office ("A" on map)**

**929 Sir Francis Drake Blvd, Suite 102 (SKI Shop Building)  
Kentfield, CA 94904 (415) 256-1301**



### **Coming from Highway 101:**

Driving north-west on Sir Francis Drake Blvd, there is a left turn bay right at my building, look for the "Ski Shop" sign, turn left directly into our driveway & drive down into our parking lot

Or:

Drive to the intersection of College Avenue and Sir Francis Drake Blvd, get in the left lane and make a U-turn with the green light. Drive back ½ block, to 929 Sir Francis Drake Blvd, look for the "Ski Shop" sign, on the right side of the street. Pull into the driveway on the left of the building and drive down into our parking garage. Walk up stairs to street level, enter lobby, and come to Suite 102.

### **Coming from Ross and San Anselmo:**

Driving on Sir Francis Drake Blvd, pass the College of Marin and drive through the intersection with College Avenue. Drive a ½ block more on Sir Francis Drake Blvd. and my office is on the right side of the street. Look for the "Ski Shop" sign—that's 929 Sir Francis Drake Blvd.

**Parking:** We have a small parking garage under our building. There is one handicapped parking space at street level on our property. There is also some street parking. My office is on street level, down a tiled walkway, into a lobby, and 20 feet from the lobby door, Suite 102. My office and a building bathroom are handicapped-accessible.

**Ann M. Del Tredici,\* MS, RD, CDE**  
Master of Science, Registered Dietitian, Certified Diabetes Educator  
Chronic Kidney Disease Dietary Management

**Biographical Information**

I am a Marin **native** (San Anselmo) and have been a dietitian in private practice in Marin for 30 years. I have counseled thousands of patients for diabetes, pre-diabetes, celiac disease, gastrointestinal problems, weight loss, underweight, impaired kidney function disease, kidney stones, elevated cholesterol, elevated triglycerides, hypertension, and childhood feeding problems. I have seen patients for other nutrition-related problems, including eating disorders and for post-surgical gastrointestinal problems in colon cancer, stomach cancer and esophageal cancer patients and in post-gastric bypass patients. I am a **Certified Diabetes Educator** and see both Type 1 and Type 2 diabetics, LADA diabetics and women with gestational diabetes.

I went to undergraduate and graduate school at the **University of California, Berkeley**, with degrees in Nutrition. I have a **strong science background** and my graduate research work was on the effect of different dietary fibers on bile acid excretion in humans and animals. I determined which co-carcinogens are formed from bile acids in the presence or absence of fiber. This led to my understanding of **cholesterol metabolism**—which I used later in my work counseling patients with high cholesterol.

Prior to the wide-spread use of the statin drugs, I was the in-house dietitian for **Cardiovascular Associates of Marin and San Francisco** for 14 years. I am a past-president of the **American Heart Association**, Marin Chapter and I have authored several publications on nutrition and heart disease and stroke prevention. I have also worked with the **American Cancer Society**, writing diet and cancer information brochures published by the National Cancer Institute. I am a past-president of the **California Dietetic Association**, Bay Area District, a group of 500 dietitians in the San Francisco Bay Area.

I created and taught the "**CardioCuisine™ Cooking Class**" in Marin for 5 years. I have worked as a consultant to Bay Area restaurants, helping them design heart-healthy recipes and menus. I was a co-author of "**Dining Out in Marin**," a guide to low fat eating in Marin restaurants. I have also worked with **Marin schools** to help improve the school lunch program. I taught upper division nutrition courses and nutrition laboratories to nutrition majors for 2 years at San Jose State University. I have served as Preceptor for Dietetics students from the University of California, Berkeley.

Krames Communications/Stay Well, Inc. has now published over a dozen booklets with me as the primary consultant: **You Can Control Your Cholesterol** (over 6 million copies sold, award winning), **Low Fat Eating** (award winning) and **Weight Control** and six brochures on healthful eating including: **Eating Out** and **Healthy Cooking**. I also contributed to **Women and Heart Disease**, **Low Sodium Eating**, **Osteoporosis** and **Eating Well with Diabetes**. The most recent publications I have written include my dietary recommendations in the **On Demand** hospital patient discharge instructions.

I have been a frequent in-studio guest on **KGO Radio** and **KGO News** has used me as a nutrition expert for many news stories on their **Live Line** segments. I have appeared on local and national television (**CNN**) as an expert dietitian. Newspapers and magazines, including the **Marin Independent Journal**, have used me as a media expert on nutrition topics.

I am often told by patients that I explain complicated things in a clear way. My strong understanding of metabolism, and how it relates to medical problems, helps me explain to patients why and how dietary changes will help them with their problems.

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\* Pronounced: "Del- Tread-itchy"

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NEW PATIENT REGISTRATION

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Ann M. Del Tredici, MS, RD, CDE  
Registered Dietitian, Certified Diabetes Educator

# WELCOME

Thank you for choosing my services for your nutritional counseling. Please fill out the following information to help process your account and to help us contact you in case of schedule changes. All information on this form and about you will be strictly confidential.

(PLEASE PRINT)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) Date of Birth

Address \_\_\_\_\_  
(Street)

(City) (State) (Zip)

Home phone: (       ) \_\_\_\_\_ Work phone: (       ) \_\_\_\_\_

Cell phone: (        ) \_\_\_\_\_ Fax number: (        ) \_\_\_\_\_

Occupation: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Place of Employment:\_\_\_\_\_

Employment address: \_\_\_\_\_

If you are a Medicare Patient: Medicare Number: \_\_\_\_\_

Physician or person who referred you:\_\_\_\_\_

Payment due at time of service unless other arrangements have been made prior to appointment with Ann Del Tredici.

*Thank you,*  
*Ann M. Del Tredici, MS, RD, CDE*

Name \_\_\_\_\_

Date \_\_\_\_\_

## Food History Questionnaire

The following questions and answers are designed to help me evaluate your eating habits and make dietary recommendations that will be tailored to you or your medical problem. At your appointment, I will go into more detail as it applies to you. Please bring this form, completed, to the appointment.

Please feel free to bring your spouse, good friend, relative or anyone who is involved with cooking and eating with you.

Thank you—Ann M. Del Tredici, MS, RD, CDE

### Please **CIRCLE** and **FILL IN** your answers:

1. Why are you coming to see a Registered Dietitian/Nutritionist? \_\_\_\_\_

2. Are you on a special diet now? (like a low sodium, diabetic, low cholesterol or weight loss diet)

**YES / NO** If yes, please describe: \_\_\_\_\_

3. Do you consider your weight ideal? **YES / NO** Your current weight: \_\_\_\_\_ pounds

**Your Height:** \_\_\_\_\_ ft \_\_\_\_\_ in Your high school/college weight? \_\_\_\_\_ pounds

If your weight is not ideal, what would you like to weigh? \_\_\_\_\_ pounds

Your goal to **Lose:** \_\_\_\_\_ pounds **Or** Your goal to **Gain:** \_\_\_\_\_ pounds

4. Who cooks your meals? **Self / Spouse / Friend / Parent / Child / Restaurant**

**Frozen Food / Take Out / Private Chef / Delivery** or **Other:** \_\_\_\_\_

5. Who shops for food in your household? **Self / Spouse / Friend / Other** \_\_\_\_\_

6. How often do you eat in **Restaurants** and/or pick-up **Take Out** food? (commercially made food)

**Breakfast:** \_\_\_\_\_ times/wk **Lunch:** \_\_\_\_\_ times/wk **Dinner:** \_\_\_\_\_ times/wk

7. Do you drink alcohol? **YES / NO** If yes, how much do you drink of the following?

**Wine** \_\_\_\_\_ glass/day **Beer:** \_\_\_\_\_ /day **Liquor:** \_\_\_\_\_ oz/day (Type: \_\_\_\_\_)

8. Are you a vegetarian? **YES / NO / USUALLY** If yes, for how long? \_\_\_\_\_ months or years

If you are a vegetarian, are there any animal proteins you eat? (circle any)

**Eggs Egg Whites Milk Cheese Yogurt Fish Shellfish Chicken Other** \_\_\_\_\_

9. Are you a vegan? **YES / NO / MOST OF THE TIME** If yes, for how long? \_\_\_\_\_ months or years

Please continue on Page 2

10. If you are **not** a vegetarian or vegan and do eat animal proteins, how often do you eat them?

**Red Meat (beef, lamb, pork)** \_\_\_\_\_/week

**Chicken or Turkey** \_\_\_\_\_/week

**Fish and Shellfish** \_\_\_\_\_/week

**Milk** \_\_\_\_\_/week (% fat milk: \_\_\_\_\_%)

**Cheese** \_\_\_\_\_ounces/week (circle any: **Regular fat** cheese **Low fat** cheese **Fat Free** cheese)

**Whole Eggs** \_\_\_\_\_/week **Egg Whites** \_\_\_\_\_/week

**Yogurt** \_\_\_\_\_/week (% fat yogurt: \_\_\_\_\_%) (circle: **Regular** **Greek** **Both** types yogurt)

11. Do you use butter? **YES / NO** If yes, how much? \_\_\_\_\_/day

Regular margarine? **YES / NO** If yes, how much? \_\_\_\_\_/day Brand: \_\_\_\_\_

Diet margarine/butter spray? **YES / NO** If yes, how much? \_\_\_\_\_/day Brand: \_\_\_\_\_

Oil? **YES / NO** If yes, how much? \_\_\_\_\_/day Type of oil: \_\_\_\_\_

Mayonnaise? **YES / NO** If yes, how much? \_\_\_\_\_/day Brand: \_\_\_\_\_

Salad Dressing? **YES / NO** If yes, how much? \_\_\_\_\_/day Type: \_\_\_\_\_

Pam/Vegetable oil spray? **YES / NO**

12. Do you add salt to your food? **YES / NO / SOMETIMES**

13. Do you have a "sweet tooth?" (crave sweets?) **YES / NO** When? \_\_\_\_\_

14. Do you avoid carbohydrates? **YES / NO** If yes, why? \_\_\_\_\_

15. Do you limit your carbohydrate intake? **YES / NO** To how much? \_\_\_\_\_

16. Do you drink fruit juice or sugar-sweetened beverages? **YES / NO** How often? \_\_\_\_\_/week

17. Do you use artificial sweeteners? **YES / NO** If yes, which ones? \_\_\_\_\_

18. Your favorite fruit(s): \_\_\_\_\_

19. Your favorite vegetable(s): \_\_\_\_\_

20. Your favorite food: \_\_\_\_\_

21. Are you an "emotional eater?" **YES / NO** When? \_\_\_\_\_

22. Do you drink coffee? **Regular / Decaffeinated / NO** If yes, \_\_\_\_\_ cups/day

Please continue on Page 3

23. Do you drink tea? **YES / NO** If yes, what kind? \_\_\_\_\_ & \_\_\_\_\_ cups/day

24. Do you eat gluten? **YES / NO** If no, why? \_\_\_\_\_

25. Do you have any food allergies? **YES / NO** If yes, to what? \_\_\_\_\_

\_\_\_\_\_

26. List foods you would find it hard to do without: \_\_\_\_\_

\_\_\_\_\_

27. Describe what foods you might typically eat at these meals:

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

\_\_\_\_\_

28. Are you currently engaged in regular exercise? **YES / NO** If yes, please describe what exercise: \_\_\_\_\_ How often? \_\_\_\_\_/week

29. Have you ever seen a Registered Dietitian or Nutritionist before? **YES / NO**

If yes, for what reason? \_\_\_\_\_

30. If you take medications, please list them here—or please bring in a copy of your medication list.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

End

Please write down what you eat and drink for  
4 days before you come in for your appointment

# FOOD DIARY

INDICATE **QUANTITIES** CONSUMED OF **ALL** FOODS AND BEVERAGES CONSUMED DURING THE DAY

MEAL	DATE	DATE	DATE	DATE	DATE
M O R N I N G					
S N A C K S					
M I D D A Y					
S N A C K S					
E V E N I N G					
S N A C K S					

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WEIGHT \_\_\_\_\_  
EXERCISE \_\_\_\_\_