

# **Laurent Bannock MSc(ExSci) MSc(Nutr) CISSN NASM-CPT Performance Nutritionist & Exercise Physiologist**

London, UK: Phone: 0207-1933419 | Fax: 0207-6924722

Santa Fe, USA: Phone: 1-505-3495758 | Fax: 1-505-2120432

bannock@mac.com | [www.LaurentBannock.com](http://www.LaurentBannock.com)

**Dear New Patient / Client!,**

**Welcome!** And thank you for choosing me as one of your health care providers.

I provide cutting edge nutrition, fitness and wellness programs that are laboratory guided and evidence based.

My services are available in London (UK) and periodically in Santa Fe (USA) for face to face consults and fitness training. I also provide my Nutrition and Wellness services almost anywhere in the world, via telephone / video chat and e-mail. Laboratory tests are done at home, using state-of-the-art metabolic and nutritional assessments from urine; stool; saliva; and finger-prick blood samples - which are then mailed back to the lab via Fed-Ex or similar service, in the special test kits provided by the lab. I work with many patients & clients remotely via telephone, e-mail and video chat (i.e. Skype, iChat, AIM). I currently have patients from all over the world – including the US, Canada, UK, Italy, Sweden, Australia and Italy. So long as you have access to a telephone, e-mail and a courier service such as FedEx (for your lab test kits) – you can work with me.

Along with your health history and initial interview, your laboratory results are used to help tailor your nutrition and wellness program – based upon your unique nutritional and metabolic needs.

Please refer to my website, [www.LaurentBannock.com](http://www.LaurentBannock.com), for further information on the testing process and program features in general.

## **HOW TO START THE PROCESS**

To become a new patient or client, you will need to complete and return the 'New Patient Paperwork (health history etc) attached and pay the 'New Patient Package' fees (please refer to Policy & Procedures Document included with this letter) before or at the time of scheduling your appointment. Please refer to the payment form (also included) that you can fax or mail (or scan and e-mail) in to get the process started. Payments can be made by cash, credit and debit cards, as well as by check/cheque.

Once you have submitted your new patient paperwork, I will contact you to make your appointment if you have not already done so. If you would like to call me to make your appointments you can contact me via the UK office on 0207-1933419 or US office on 1-505.3495758 to arrange your appointment. I can see face-to-face clients at various locations in London and Santa Fe, and can also visit you at your home or office with prior arrangement (additional travels costs may be incurred). For London based clients that are having personal fitness training packages, additional paperwork will be required and sent you after you sign up.

Please also refer to the patient process below:

## **HOW THE PROCESS WORKS:**

### **STEP 1:**

During your initial consultation (in person or by telephone/skype), I will review your paperwork (health history etc) and make recommendations for laboratory tests (if necessary) that are appropriate for your specific health issues. Where appropriate, for face-to-face clients, I may also take anthropometric measurements (height, weight, girth measurements etc), conduct an Ultrasound Body Composition Assessment (%body fat / muscle etc).

### **STEP 2:**

Once you have completed your lab tests and assessments, I will explain the meaning of your test results to you in the initial follow up consultation. Depending on the program you opted for, I will create an individualized therapeutic program for you, including customized eating guidelines, customized nutritional supplement program, and if appropriate – a fitness program. London clients may also opt for additional personal fitness training sessions at additional cost.

### **STEP 3:**

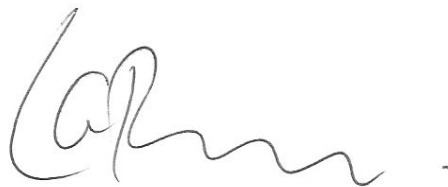
Subsequent consults are scheduled to monitor your progress (please see fee schedule).

I invite you to contact me via email or phone should you have any questions during the course of your treatment or program. I may be reached at my UK office on 0207-1933419 or my US office on 1-505.3495758 & via email at [bannockoffice@mac.com](mailto:bannockoffice@mac.com).

Please allow one full working day for your call or e-mail to be returned. Please bear in mind that we are on UK / GMT Greenwich Mean Time (unless otherwise arranged – i.e. when I am in Santa Fe, NM, USA).

I look forward to assisting you in achieving your current wellness goals, and to guiding you in maintaining wellness throughout your life.

In health,

A handwritten signature in black ink, appearing to read 'Laurent Bannock', with a small dash at the end.

**Laurent Bannock**

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## Please choose a program package

Mark an 'X' in the \_\_\_\_\_ by the program package you wish to opt for:

\_\_\_\_\_ **Basic Nutrition Program** - \$250.00 USD | £180.00 GBP

(Face to Face Appointments AND Remote Telephone/Skype appointments)

- Includes ONE 60 minute consultation, customized eating guidelines, customized supplement program, access to client resources (recipes, shopping and cooking guides, lifestyle guides etc). \* NOTE: This program is for those NOT requiring lab tests / on a budget etc.

\_\_\_\_\_ **Advanced Nutrition Program** (90 day program) - \$450.00 USD | £320.00 GBP

(Face to Face Appointments AND Remote Telephone/Skype appointments)

- Includes initial 60 minute consultation, initial follow up 45-60 minute consultation, interpretation of lab results, customized eating guidelines, customized supplement program, access to client resources (recipes, shopping and cooking guides, lifestyle guides etc). \* NOTE: Lab fees are NOT included.

\_\_\_\_\_ **Advanced Nutrition & Fitness Program** (90 day program) - \$600.00 USD | £450.00 GBP

(Face to Face London and Santa Fe Clients Only!)

- Includes the Advanced Nutrition Program, as well as a BodyMap Functional Postural Assessment, Report and Corrective Exercise Program, A cardio program, and a Strength and Conditioning Program.

\_\_\_\_\_ **VIP Ultimate Program** - (90 day full support program) - \$950.00 USD | £600.00 GBP

(Face to Face London and Santa Fe Clients Only!)

- Includes same features as the Nutrition & Fitness Programs, but with comprehensive 90 day telephone , e-mail &/or or video-chat (Skype, iChat) support (maximum of 1 medium consult per week), and anytime e-mail support. Two Ultrasound Body Composition Assessments, Two BodyMap Assessments. This is ideal for those that need regular support and guidance (i.e. weekly support). Includes unlimited nutrition, supplement and fitness program revisions within the 90 day period. \* NOTE: Lab fees are NOT included.

PLEASE NOTE THAT FOLLOW-UP CONSULTATIONS AND PERSONAL FITNESS TRAINING SESSIONS ARE AVAILABLE AND OFFERED AT ADDITIONAL COST – PLEASE SEE WEBSITE FOR MORE INFORMATION – WWW.LAURENTBANNOCK.COM

# Advanced Nutrition Counseling

Laurent Bannock MSc CISSN

London, UK / Santa Fe, USA

www.LaurentBannock.com / bannockoffice@mac.com

## CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

I, (print name) \_\_\_\_\_ authorize Advanced Nutrition Counseling to bill my credit card as listed below.

Name on Credit Card \_\_\_\_\_

Credit Card Holder's Billing Address (Where your statement is mailed.)

\_\_\_\_\_  
\_\_\_\_\_

### Credit Card Details

Visa Card # \_\_\_\_\_ Exp date \_\_\_\_\_

MasterCard Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Amex Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Last 3 digits (4 for Amex on front) on back of card \_\_\_\_\_  
(found on the back of your credit card on the signature panel)

### Patient Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Authorization

Card Holder's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

IF YOU PREFER TO PAY BY CASH/CHECK/CHEQUE PLEASE ADVISE IN ADVANCE OF SERVICES BEING BOOKED/SCHEDULED

## Personal Information

Date: \_\_\_\_\_ How Did You Hear About Us? \_\_\_\_\_

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

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

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

What is/was your profession: \_\_\_\_\_

Dietary Preferences/Restrictions (i.e. vegetarian, Kosher etc): \_\_\_\_\_

Primary Care Practitioner / GP: \_\_\_\_\_

Contact Details: \_\_\_\_\_

## Personal Health Concerns

Please list your health concerns (i.e. weight, fatigue, heart problems, pain etc):

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Supplements:

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Others: (Including Herbs)

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