The Low Carb High Fat Dietitian

Macro Calculation Session

Full Name (First, Middle Initial, Last):			
Former Name/ Maiden Name (if applicable):			
Date of Birth (DD / MM / YYYY):		Current Age (in years):	
Gender:	Male ☐	Female ☐	
Street Address (number,street name, apt #):			
Mailing Address (if different than above):			
City:		Province/State:	
Country:		Postal Code/Zip:	
Phone number(s) with area code:			
Email address:			
Where you heard about the LCHF Dietitian:			

Height: ◯ inches ◯ cm

Weight: ◯ lbs. ◯ kg

Usual Activity Level (not including exercise)
- ◯ sedentary
- ◯ lightly active
- ◯ moderately active
- ◯ very active

MALES ONLY: Body Fat %:
- ◯ 5-9%
- ◯ 10-14%
- ◯ 15-19%
- ◯ 20-24%
- ◯ 25-29%
- ◯ 30-34%
- ◯ 35-39%
- ◯ 40% +

FEMALES ONLY: Body Fat %:
- ◯ 15-9%
- ◯ 20-24%
- ◯ 25-29%
- ◯ 30-34%
- ◯ 35-39%
- ◯ 40-44%
- ◯ 45-49%
- ◯ 40% +

I mainly want to: ◯ lose fat ◯ maintain ◯ gain muscle

Weight training (time/week): _____ min./wk. **Cardio:** _____ min./wk.

Please list any medical conditions that you have been diagnosed with (e.g.Type 2 Diabetes, hypertension, high cholesterol, etc.)

Please list the names of all **medications** and/or **nutritional supplements** currently being taken, as well as the dosage:

The Low Carb High Fat Dietitian

Macro Calculation Session

APPOINTMENT TIMES

Appointment times will be based on Vancouver, British Columbia (UTC-7 hours) time. Please refer to www.timeanddate.com/worldclock/converted.html when booking appointments.

LOCATION OF SERVICES

All Distance Consultation services will be deemed to have taken place at my Coquitlam, British Columbia, Canada office.

COST and PAYMENT METHODS

The cost for a 1/2 hour call is $50 and $75 for a 1 hour call, based on the value of the Canadian dollar (CDN) at the time of invoicing. Payment shall be made via e-transfer within 24 hours of booking an appointment and sent to info@lchf-rd.com, using the security password provided. Confirmation of your appointment and a receipt will be sent to you upon acceptatance of payment. Services are non-refundable however should our office receive written notice requesting cancellation of services 3 days or more prior to the appointment, a full refund will be provided via e-transfer within 3 business days.

APPOINTMENT CANCELLATION, RESCHEDULING and 'NO-SHOWS'

Appointments can be rescheduled with more than 24 hours' written notice. Cancellation or rescheduling of an appointment with less than 24 hours' written notice or failure to keep an appointment ('no-show') will be considered as a completed visit.

STATEMENT OF UNDERSTANDING:

I understand and accept that the "Ask the LCHF Dietitian" consultation is for information purposes only, to learn nutritional and lifestyle information that I may apply in everyday life.

I understand and accept that the services offered by Joy Y. Kiddie, MSc RD of the LCHF-Dietitian (a division of BetterByDesignNutrition Ltd.) do not involve medical diagnosis or treatment of any disease.

I understand and accept that it is my responsibility to consult with my physician prior to changing my dietary intake, eating pattern and/or physical activity.

I understand and accept that it is my responsibility to have clarifed anything I do not understand on this form with the Dietitian, prior to beginning services.

I understand and accept that services provided to me by Distance Consultation will be deemed to have taken place in Coquitlam, British Columbia, Canada.

CONSENT FOR NUTRITION SERVICES

I hereby give my consent for a lab test review and I agree with and accept all of the above conditions.

Client's First Name, Middle Initial, Last Name (required) :

☐ (required) By checking off this box, I declare that I have read this form, understand and agree with its contents.

☐ (required) By checking off this box, I agree to all the terms above and understand that my typed name below is as legally binding as my physical signature.

Client's signature (full name): (required)

Date: (required)