Nutrition
Nutrition is BetterByDesign

Intake Form and Service Option Form - US and Elsewhere

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:	
Country:		Postal Code	
Occupation:			
Phone Number: please format (xxx) xxx-xxxx	-	-	extension:
Email (main):		Email 2:	
Emergency Contact Name:		Emerg. Contact phone:	
MD's Name:		MD's Phone:	
MD Diagnosis (list all):			
MD Recommendations:			
How did you hear about us?			
Please enter specific details (name of friend, doctor, event, etc.):			
Is there a mental health component to this consultation?	◯ Yes	◯ No	
Kind of nutrition support you have had:			
Previous diets followed (if any):			
Date of Last Blood Tests: (required):		Abnormal Results: ◯ Yes	◯ No
Current Blood Pressure: (required):		Date of Blood Pressure: (required):	

Note: Please send a pdf (Adobe) copy of your **most recent complete blood test results** with **this form** to **info@lchf-rd.com**.

NOTE: SERVICES ARE FOR NUTRITION EDUCATION PURPOSES ONLY

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In one sentence, please describe your goals and expectations and lifestyle changes you would like to make. Please be as specific as possible:

Please list any physical or mental health illnesses or conditions that run in your family (parents, grandparents, siblings):

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

Please list all physician-diagnosed allergies that you have (foods, drugs, environmental):

Please list any food intolerances you have (foods that make you feel unwell):

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

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Prices are in **Canadian dollars (CDN).** GST (5%) will be added.

1. HOURLY SESSIONS:

☐ **Hourly Services:** provides the services as available under one of the packages, but on an hourly basis. — $150 / hr

2. MEAL PLAN PACKAGE

☐ **The Meal Plan Package** is an all-inclusive package for clients who want to eat healthier and lose weight. The Package includes a one-hour initial appointment, customization of a Meal Plan (1 hour service). A Nutrition Education Session (1 hour) will review the Meal Plan, elaborate on healthy eating ideas and teach simple yet accurate ways to estimate portion sizes. — $350 / pkg

3. FOLLOW-UP PACKAGES:

☐ **Weight Loss Follow-up Package:** The Weight Loss Follow up Package is for those who've taken the Meal Plan Package and would like additional support or 'coaching' as they become fat-adapted. It can be taken as 6 half-hour sessions or as 3 one hour-sessions – or a combination of full hour and half hour sessions totalling 3 hours of services. — $350 / pkg

☐ **Anti-Inflammatory Protocol (AIP) Package:** designed to help people learn how to limit foods that promote inflammation and to focus intake around foods that are evidence-based to have anti-inflammatory properties in order to reduce pain & joint stiffness. — $350 / pkg

4. CUSTOMIZED SERVICES:

☐ **Customized Nutrition Package:** please specify services (not previously described):

☐ **To be completed ONLY by the nutritionist:**
I agree to provide the nutrition education services outlined in the Customized Nutrition Package description at the following cost:**$**

Printed Name:

Date:

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DISTANCE CONSULTATION SERVICES

Services provided by the nutritionist from BBDNutrition Ltd. are not medical nutrition therapy (MNT) and are not to be considered equivalent in any way to the services provided by a Registered Dietitian. All services are provided for nutrition education purposes only.

SELECTION OF PACKAGES and PACKAGE EXPIRY

Complete blood test results will need to be received prior to the design of the Individual Meal Plan for those taking a Complete Assessment Package but the package may be started pending their reception. Packages must be completed within three (3) months from the date indicated at the bottom of this form, after which they will be deemed to have expired.

PAYMENT METHODS, RECEIPTS and CANCELLATION OF SERVICES

Payment in Canadian dollars (CDN) shall be made at the time of booking the first scheduled appointment by credit card directly on the SSL encrypted web page (www.bbdnutrition.com).

A flexible payment plan is available for the Complete Assessment Package, with payments as follows: $150 paid when booking the assessment appointment, $100 paid prior to design of Meal Plan, $100 paid prior to booking the Nutrition Education Session.

Payments for packages that have already begun are non-refundable, however should the office receive written notice requesting cancellation of services 7 days or more prior to the first confirmed appointment, a refund will be provided via e-transfer within 7 business days, minus any credit card charges related to the payment for services, minus a $25 administrative fee.

APPOINTMENT CANCELLATION, RESCHEDULING and 'NO-SHOWS'

Cancellation or rescheduling of an appointment with less than 24 hours' written notice will result in a $150.00 charge being applied.

Failure to keep an appointment ('no-shows') will be considered as a completed visit.

CONFIDENTIALITY

All discussions with the nutritionist and all records related to nutritional services are confidential and will not be shared with any other person, health care provider or organization without prior knowledge and written consent of the client.

For confidentiality, laboratory test results should have confidential information redacted prior to emailing to us.

ROLE OF THE CLIENT'S PHYSICIAN:

The client's physician is responsible for overseeing their healthcare, and it is the client's responsibility to inform them that they are planning to consult with a nutritionist for nutrition education.

If the client has been prescribed medications to control their blood sugar, cholesterol or blood pressure, they understand that it is their responsiblity to ensure that they have a physician monitor their medication dosage(s) as they lose weight.

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STATEMENT OF UNDERSTANDING:

I hereby attest that I am seeking nutrition consultation session(s) on my own behalf in order 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 of BetterByDesign Nutrition Ltd. do not involve medical diagnosis or treatment or any disease, are NOT Registered Dietitian services and that I am providing lab tests results for information purposes only.

I understand and accept that Joy Y. Kiddie of BetterByDesign Nutrition Ltd. is licensed as a Registered Dietitian in Canada and not elsewhere and I understand and accept that the services provided to me are for **educational purposes only** and are not to be considered clinical in nature or Medical Nutrition Therapy (MNT).

I understand and accept that I am fully responsible for my own health and that recommendations provided to me do not replace, supersede or substitute for the diagnoses and treatment recommendations of my physician(s).

I understand and accept that it is my responsibility to consult with my physician [or in the absence of one, with a physician at a local walk-in clinic] with regards to implementing any recommendations provided to me *prior* to changing my dietary intake, eating pattern and/or physical activity.

I understand and accept that the initial Meal Plan that will be designed for me will be at a significantly reduced level of carbohydrates from the Standard American Diet and will begin at 130g of carbohydrate per day.

I understand and accept that it is my responsibility to have clarifed anything I do not understand on this form with Joy Y. Kiddie prior to signing this form.

I understand and accept that Joy Y. Kiddie of BetterByDesign Nutrition Ltd. has the right to refuse to take me as a nutrition client and can terminate provision of services.

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

CONSENT FOR NUTRITION SERVICES

I understand and accept that there are both benefits and risks involved with applying any nutrition or physical activity recommendations and I have, or will consult with my physician before implementing any nutritional, exercise or lifestyle recommendations provided to me.

I understand and accept that this consent expires six (6) months from the date indicated directly below.

I hereby give my consent for the above indicated services.

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

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

☐ 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)

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