RIPPLE
WELLNESS FOR ALL

Nutrition Counseling Intake

Welcome! Thank you for choosing Ripple for your health care needs.
We are here to help and are excited to share our passion for healing.

Name _____

Date of Birth _____ **Gender** _____

Age _____

Email address _____

Address _____

Phone number _____

Children (how many) _____

Relationship status

Occupation _____

How many hours a week do you work?

Hobbies/activities

_____

_____

_____

Referred by _____

Height _____ **Current Weight** _____

Weight one year ago _____

Would you like your weight to be different? If so, what? _____

What are your main health concerns?

_____

_____

_____

_____

_____

When did you first experience these concerns?

_____

_____

How have you dealt with these concerns in the past?

Medical doctors Naturopathic doctors Self-care Other

What would you like to accomplish from our consultations?

_____

_____

_____

_____

_____

_____

Do you sleep well? _____

Do you wake up during the night? If so, what time(s)? _____

What time do you go to bed? _____

What time do you generally wake up? _____

How do you feel when you wake up? _____

Do you drink caffeinated drinks? If so, which ones and how often?

_____

Do you smoke? If so, how much and how often? _____

Do you drink alcohol? How much and how often?

_____

What role does exercise play in your life?

_____

_____

Are you regularly exposed to any chemicals or toxic metals (lead, mercury, arsenic, aluminum)?

_____

_____

Do you drink soda? If so, how much and how often?

_____

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How much water do you drink per day? _____

Do you have any allergies and/or food sensitivities (including allergies to medicine, herbs and/or supplements)? If so, which ones?

_____

_____

_____

Please list any medications, vitamins, or other supplements you are currently taking.

_____

_____

_____

_____

_____

_____

_____

How often have you taken antibiotics? (if known)

_____

Are you currently under a practitioner's care for a specific health condition? If so, please, describe.

_____

_____

_____

Please, list any surgeries, accidents, injuries or childhood diseases you have had.

_____

_____

_____

_____

_____

Do any of these diseases run in your family?

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Diabetes Heart Disease Kidney Disease Arthritis Asthma

Gallbladder Disease Autoimmune Disease Cancer

Stomach/Intestinal Disorders

Do you have mercury amalgam fillings? _____

What were your eating habits like as a child? Please, list types of foods.

_____

_____

_____

_____

What percentage of your meals are home-cooked? _____

What are the 3 worst foods you eat regularly?

_____

_____

_____

What are the 3 healthiest foods you eat each week?

_____

_____

_____

Are you currently on a special diet?

Autoimmune paleo (AIP)

SCD/GAPS

Dairy restricted or dairy-free

Vegetarian

Vegan

Paleo

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Blood type

Raw

Refined sugar-free

Gluten-free

Other

Do you often crave sugar and/or salt? _____

Do you feel tired, bloated, and/or gassy after meals?

_____

Do you experience constipation or diarrhea often? If so, how often?

_____

Do you feel excessively hungry? _____

Do you have a poor appetite? _____

On a scale of 1-10, one being the worst and 10 being the best, describe your usual level of energy. _____

Do you experience more anxiety, depression or anger than you would like?

_____

Do you enjoy daily activities? _____

Do you feel your libido is adequate? _____

Please, describe any other information you think would be useful in helping to address your health concerns.

_____

_____

Female only

Age of your first period: _____

Are you periods regular? _____ _____

How many days is your flow and how frequent?

_____

Do you experience PMS? If so, please, describe.

_____

_____

_____

Are you menopausal? If so, please, describe any symptoms you have noticed or are struggling with.

_____

_____

_____

How many pregnancies have you had? _____

How many children have you delivered and how were they born (vaginally or by cesarean)?

_____

Were there complications associated with these births? Please, explain.

_____

_____

_____

Did you receive antibiotics during labor? _____

Have you had a miscarriage or an abortion? If so, how many? _____

<u>INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELING</u>

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Before you use the service of **Marketa Simal, MA, BA, FNTP, RWP**, please, read the following information fully and carefully.

GOAL: Our basic goal is to encourage people to become knowledgeable about and responsible for their own health, and to bring it to a personal optimum level. Nutritional therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health, absent other non-nutritional complicating factors, requires a sincere commitment from you, possible lifestyle changes, and a positive attitude. A Nutritional Therapist is trained to evaluate your nutritional needs and make recommendations of dietary change and nutritional supplements. A Nutritional Therapist is not trained to provide medical diagnoses, and no comment or recommendation should be construed as being a medical diagnosis. Since every human being is unique, we cannot guarantee any specific result from our programs.

HEALTH CONCERNS: If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. A Nutritional Therapist is not a substitute for your family physician or other appropriate healthcare provider. A Nutritional Therapist is not trained nor licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases. If you are under the care of another healthcare provider, it is important that you contact your other healthcare providers and alert them to your use of nutritional supplements. Nutritional therapy may be a beneficial adjunct to more traditional care, and it may also alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program. If you are using medications of any kind, you are required to alert the Nutritional Therapist to such use, as well as to discuss any potential interactions between medications and nutritional products with your pharmacist. If you have any physical or emotional reaction to nutritional therapy, discontinue their use immediately, and contact your Nutritional Therapist to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

LABORATORY TESTING is performed to determine areas of dysfunction and opportunities for healing, not in diagnosis or treatment. Lab testing can help reveal nutritional deficiencies and weaknesses and assist in guiding the process of rebalancing the systems of the body. The test results are not intended to diagnose or treat any specific conditions and should always be shared with a physician.

COMMUNICATION: Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements you need. It is sometimes necessary to adjust your program as we proceed until your body can begin to properly accept products geared to correct the imbalance. It is your responsibility to do your part by using your nutrition guidelines, exercise your body and mind sufficiently to bring your emotions into a positive balance, eat a proper diet, get plenty of rest, and learn about nutrition. You must stay in contact with the Nutritional Therapist so we can let you know what is happening and the best course of action. You should request your other healthcare provider, if any, to feel free to contact the Nutritional Therapist for answers to any questions they may have regarding nutritional therapy.

LICENSURE: A Nutritional Therapist is not licensed or certified by any state. However, a Nutritional Therapy and Restorative Wellness Practitioner is trained by the Nutritional Therapy Association, Inc.® and Restorative Wellness Solutions providing a certificate of completion to students who have successfully met all course requirements, including a written and practical exam. A license to practice Nutritional Therapy is not required in some states. Laws and regulations regarding certification and licensure requirements differ from state to state. Nutritional Therapy is not covered by insurance and all costs are the sole responsibility of the client.

REFUNDS: No refunds for services including packages and performed laboratory tests. No refunds on supplements. By my/our signature(s) below, I/we confirm that I/we have read and fully understand the above disclaimer, are in complete agreement thereto and do freely and without duress sign and consent to all terms contained herein.

Client or Guardian Signature: _____

Date: _____

Thank you for taking the time to fill out these forms.
I am looking forward to meeting you!