

**NEW CLIENT INFORMATION FORM: [NUTRI-PHYSIQUE, LLC ©](#)
Pam Vagnieres, MS, MNT, CSCS Nutritionist and Exercise Physiologist**

CLIENT INFORMATION **DATE:** _____

NAME: _____ **PHONE #:** HOME: _____
CELL: _____

EMAIL: _____

ADDRESS: _____

PRIMARY GOALS FOR SEEING PAM?

HT: _____

WT: _____

AGE: _____

ACTIVITY LEVEL: _____

FOOD OR ENVIRONMENTAL ALLERGIES?:

FOOD DISLIKES:

Were you a fussy eater as a child?

EXERCISE DISLIKES:

Are you a fussy eater now?

FOOD LIKES:

EXERCISE LIKES:

DO YOU FOLLOW ANY SPECIFIC DIETARY PLANS? (ie: vegetarian...)

BLOOD WORK? (LEAVE BLANK IF YOU DO NOT KNOW)

VITAMIN D:

GLUCOSE:

CHOLESTEROL:

HDL:

LDL:

TRIG:

Thyroid Panel?

TSH:

Free T3:

Free T4:

Reverse T3:

Cardiovascular System:

VAP TEST?

Fluffy

Bullets (leave blank if this doesn't make sense)

Pattern

A

B

Please feel free to attach copies of recent (within 3 months) blood work if you have it.

PERSONAL HEALTH ISSUES:

Heart, stroke, blood pressure, cholesterol, blood sugar, thyroid, diabetes, cancer, depression, anxiety...

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FAMILY GENETIC PATTERNS? (HEART DISEASE? CANCER? STROKE? AUTO-IMM?)

DO YOU HAVE ANY SPECIAL CONCERNS?

SUPPLEMENTS:

PRESCRIPTION MEDS:

HOW MANY HOURS DO YOU SLEEP? DO YOU WAKE UP AT NIGHT? IF SO, HOW MANY TIMES AND FOR HOW LONG?

DO YOU TAKE "DOWNTIME" EVERYDAY?

SMOKE? HOW MUCH?

ALCOHOL? HOW MUCH?

WATER? HOW MUCH? PURIFIED?

**CAFFEINE? HOW MUCH? TEA? COFFEE?
SODA? DIET SODA?**

**BOWELS: _____X/DAY CONSTIPATION/DIARRHEA? IBS? CROHNS?
DIVERTICULITIS?**

ENERGY LEVEL?

MUSCLE/JT PAIN?

DIGESTIVE SYMPTOMS?

**REPRODUCTIVE SYMPTOMS? (Females: MENOPAUSE, PMS, INFERTILITY, PCOS...)
(Males: BPH? Hx Prostate Cancer or infertility?)**

**GOALS FOR YOURSELF....MAKE THEM BABY STEPS AND REALISTIC:
Set a new goal once you accomplish this one. Gather a support team.**

OBSTACLES KEEPING YOU FROM ACCOMPLISHING THESE GOALS?

WHAT WILL BE THE HARDEST THING FOR YOU TO CHANGE RIGHT NOW?

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What to Expect from Nutri-Physique Programs

Nutrition therapy involves teaching people that food is medicine and it can impact their lives in a powerful way. I teach people what to eat for disease prevention and increased energy, and more importantly, *how to eat well with a busy lifestyle*.

I can teach you how to minimize the genetic expression of disease that may run in your family through diet and lifestyle alterations. I offer individualized counseling, educational grocery store tours, cooking classes and I will “raid your kitchen”, replacing toxic foods with dangerous additives and ingredients with healthier options.

In addition, my clinical nutrition programs can help with digestive issues, allergies, insulin resistance, diabetes, adrenal fatigue, obesity, immune dysfunction, ADD, autism, fibromyalgia, chronic fatigue, menopause, pregnancy and more.

Fitness therapy involves teaching people a safe and intelligent exercise program that helps them recover from an injury or helps them achieve a higher level of fitness that improves their overall health and energy.

Programs include core conditioning, specific strengthening, cardiovascular training, flexibility, proprioception, kinesthetic training, and sport specific training. My programs use creatively designed, functional exercises that train the whole body into correct alignment, eliminating aches and pains and preventing future injuries.

I can work with you in my Louisville or Boulder office, or at a gym of your convenience. I also take people on “toning hikes” in the mountains near Boulder which involve interval bouts of cardiovascular exercise and strength training, gait analysis, HR prescription and safe stretches while enjoying the beautiful Colorado mountains! I work with Swiss Balls, free weights, therabands, foam rollers, medicine balls, kinesthetic boards, mini-trampolines, and balance beams to apply simple programs you can do in your own home. I specialize in back and neck injuries where I use a type of training called “Local Core Stabilization” which has helped thousands of people recover from an injury, avoid surgery and get back into shape!

Ergonomic Assessments can help relieve aches and pains at work. I will assess your posture, body mechanics, and your work setting and make recommendations to decrease daily stress and strain on the body.

How do we proceed?

First I ask you to complete a client intake form; so that I can obtain information that I will use to design your individualized program. With your consent, I will consult with your physician to learn more about your medical condition.

You may choose to do either nutrition therapy, exercise therapy, or both. Everyone has different needs and will require a different amount of visits. I recommend 5 visits minimum in order to cover a vast amount of information. I also understand that making lifestyle changes are difficult. You may need time between appointments to digest the information and apply it to your life. I offer affordable packages for 5 and 10 sessions, or you can pay for one visit at a time. Appointments last one hour, please be on time, if you are late you will be forfeiting your own time. Please give as much notice as possible if you have to cancel an appointment.

I’m looking forward to working with you.

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CONSULTATION AGREEMENT AND RELEASE

I understand and agree that the intention of Nutri-Physique, LLC and Pam Vagnieres is to educate and make suggestions for improving your health, not to treat, diagnose, prescribe or cure. In the process of this education, we plan to work with you to restore physiologic balance, strength and vitality.

Consultations may include (but are not limited to):

- **Nutritional Therapy:** including diet, supplement, lifestyle recommendations, cooking classes, grocery store visits, in-home visits, corporate presentations and office consultations.
- **Fitness Therapy:** including office or in-home visits, on-site gym instruction, toning hike, gait analysis, postural work, core and extremity strengthening, flexibility, cardiovascular recommendations, injury prevention, functional restoration, corporate presentations and office consultations.
- **Ergonomic Assessment:** including analysis of work area, body mechanics, activities of daily living, postural assessment and education to decrease daily stress and strain to the body.

We plan to work in conjunction with your health providers, as part of a team, to support you in making healthy choices. Referrals to additional integrative healthcare providers may be suggested when necessary. Lab tests may be recommended to accurately assess your health.

OFFICE APPOINTMENTS:

Single Session: \$93.00/hr (4% discount cash/checks = \$89.00)

DISCOUNT PACKAGES:

Five sessions: \$410.00 (4% discount cash/checks = \$395)

This rate is \$70 discounted off regular rate

Ten sessions: \$780.00 (4% discount cash/checks = \$750)

This rate is \$180 discounted off regular rate

Credit Card Payments: Credit cards will be paid via secure PayPal online. I will email you an invoice, you follow the links and enter your credit card information to pay.

Insurance reimbursement may be available depending on your plan. We do not bill insurance. Health Savings Accounts often cover nutrition and exercise therapy.

Payment is to be made at the time of services.

Cash, checks or credit cards (Visa/MC/Discover) accepted.

There is a \$50.00 fee for returned checks. Any cancellations will result in an \$85 service fee.

It is understood that the counseling offered under this agreement is acknowledged and understood to be of a strictly non-medical and non-psychological nature; and is accepted solely and exclusively for educational purposes only. Further, it is expressly understood that inherent in life, there are risks involved. As with any physical, exercise or nutritional plan you participate in, it is understood that the risks involved could include accidental or coincidental injury or death.

Client

Nutri-Physique/Pam Vagnieres

Date

Parent/Legal Guardian for minors

If the undersigned is a minor, this form shall be co-signed by a parent or legal guardian.

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If you are happy with our services and you would like to refer a friend, we are always appreciative!!

24-Hour Cancellation Policy

- We have a 24-hour cancellation policy in which you must notify us at least 24 hours in advance of your appointment time if you are unable to keep your appointment.
- We have reserved and allotted time for you. If you fail to notify us of your cancellation in 24 hours, you will be charged: \$25 for the *first* missed appointment. The *second* missed is half the cost of the appointment. *Third* missed is the total cost of the appointment.
- We are unable to bill your insurance for missed appointments.
- You are responsible for paying for appointments not cancelled within 24 hours.

Signature _____ Date _____

Sharing Medical Information:

May I have your consent to share reports and consult with your other health care providers? Yes _____ No _____

Signature _____ Date _____

E-MAILS:

Please understand that I am drowning in emails (like ALL of us!). Please only email me if you need to change or make an appt. You may send your questions via email if you wish, and we will address them during your next appointment. Thank you for understanding.

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Nutri-Physique Notice of Privacy Practices

This notice describes how your health information may be used and disclosed, and how you can access this information. Nutri-Physique has always kept your health information secure and private. A new law requires us to give you this notice. Please review it carefully.

Ways in which your confidential information may be used or disclosed without your authorization:

- The law permits us to disclose information to those involved in your treatment.
- We may disclose your information for billing purposes, gaining insurance or benefit information, insurance authorization, and payment for services.
- Your health information may be used during normal healthcare operations.
- We may use your information to contact you, to call and remind you of appointments, for scheduling purposes or to inform you of benefit information. This may involve leaving messages on an answering machine or with the person who answers the phone.
- We may release some or all of your information when required by law.

Your authorization is required to disclose your health information to any other healthcare providers, individuals or third parties requesting information about you.

You have the right to:

- Know of any uses or disclosures we make with your health information beyond the above normal uses.
- Transfer copies of your information to another practice.
- To see and receive a copy of your health information, with a few exceptions. (Request must be in writing, and we may charge you a reasonable copy fee.)
- Request that we amend your confidential information. (Request must be in writing. If we agree with this request, we will not alter earlier documents, but will add new information.)

Nutri-Physique will maintain the privacy of your confidential health information as required by law and by the notice currently in effect. Nutri-Physique reserves the right to make changes or revisions to the terms of this notice. If details are changed we will notify you of the changes.

If you believe that your rights have been violated, you may contact the Department of Health and Human Services (200 Independence Ave, SW., Room 509F, Washington DC, 20201). You will not be penalized for filing a complaint. However, before filing a complaint, or for more information or assistance regarding the privacy of your health information, please contact our office at 303-665-7992. This notice is effective April 14, 2003.

ACKNOWLEDGEMENT

I have received a copy of the Nutri-Physique Notice of Privacy Practices.

Signature _____ **Print Name** _____

Date _____ **Parent/Guardian Signature** _____

If signing as a parent/guardian, please note the name of the patient.

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Time	Fluids	Amt	Food	Amt	Bowels (s,m,l; hard, soft, liquid)	Observations (How you're feeling, physically and emotionally)
MORNING						
AFTER-NOON						
EVENING						
Water: # 8 oz gl.						

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Date: _____ Name: _____

Supplements: _____

Medications: _____

Exercise: _____

Instructions for Diet Diary

- Please list everything you put in your mouth (food, gum, candy, breathe mint...never mind the toothpaste)!
- Try to include all the ingredients of a "mixed food" (ie: lasagna, salad, casserole...).
- The more specific *you* are, the more precise the analysis.
- Give accurate quantities. Measure things, you may be surprised! Use cups, tablespoons, teaspoons, ounces, etc...
 - 4-oz. svg. of meat, chix, or fish is about the size of your palm.
 - 1-oz. serving of cheese is one square inch.
- Measure and record every liquid you take in. Use the boxes to check off one box for each 8 oz. glass of water.
- Keep your diary as you go through the day. *Do not* try to remember what you ate at the end of the day!
- Record your bowel movements in detail! What goes in must come out! The timing, consistency, size, shape...tells me a lot.
- **MOST IMPORTANT!...**Tell me how you feel throughout the day.
We will look at the subtle relationships between what you eat and how you feel. Please keep track of your mood, energy levels, mental clarity, physical pains, digestive concerns... *Anything* could be critical information for us! Also let me know if you ate in a rushed manner, were you stressed, or calm, driving or home...

I know diet diaries can be time consuming and tedious. However, I have never had a client who hasn't learned something from the experience! So, please go forth with fork and pen!

Thank you!!!

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Your persistence and patience will be very helpful
in my work with you.

Thank you! Thank you! Thank you!!!

OFFICE LOCATION FOR YOUR CONVENIENCE!

169 S. Raintree Ln.
Louisville, CO 80027
303-665-7992

When completed, please mail or email to:

Pam Vagnieres
169 S. Raintree Ln.
Louisville, CO, 80027
wpambill@aol.com

Please Note: Your appointments will last one hour, beginning at the scheduled time and ending one hour later. Please don't be late or you will be forfeiting your own time! If you'd like, keep a list of questions and bring them with you to each session. We will address each of them during that time. I look forward to working with you; together we will see an amazing transformation in your health!

“The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, in the causes of disease, and the prevention of disease.”
Thomas Edison

Thank You!