

Medications/Supplements: Prescription and non-prescription medicines, vitamins, minerals, nutraceuticals, home remedies, herbs: (Please feel free to bring all your supplement bottles into my office for review.)

Medication	Dose	How Many Times per Day	When Started

Surgical History: Please list any operations (with dates)

Was the child breast fed? _____ For how long? _____

Any problems with breast feeding? _____ If so, please explain: _____

What was your diet like during pregnancy? Please describe or give me a sample daily menu.

What was your diet like during the time you nursed? Please describe or give me a sample daily menu.

Were you exposed to any toxins during pregnancy or nursing? (ie: medications, including NSAIDS...dental work, fumes, garden chemicals, household chemicals, food toxins, deck work, house paint, work environment toxins, etc...)

Please describe your child as an infant. Was he/she colicky, fussy, irritable, happy, sleepy, hungry....?

Did he/she take naps regularly? _____ If so, until what age? _____

At what age did your child begin solid foods? _____ What did he/she eat in those beginning months?

Did you notice any food allergies? (skin redness, runny nose, rashes, diaper rash, irritability, stomach distress, spitting up...) _____ If so, what happened and with what foods?

In what way do you feel this child was different from other children (your own or others)? What is special about him/her?

How would you rate your child's general health: Excellent Good Fair Poor

Your genetic tendencies can have a significant impact on your child's health. We can begin now, to build a program that prevents your genetic profile from affecting your child's future health. You may learn a bit about what you can do to prevent genetic predispositions from manifesting as well!

The following info pertains to both parents.

Please Check all That Apply	Mom	Dad	Sis	Bro	Dau	Son	Mom's Mom	Dad's Mom	Mom's Dad	Dad's Dad	Mom's Sis	Mom's Bro	Dad's Sis	Dad's Bro
Alcoholism														
Anemia														
Arthritis														
Asthma														
Autoimmune Disorder														
Bleeding Probs														
Cancer, Breast														
Cancer, Colon														
Cancer, Melanoma														
Cancer, Ovary														
Heart Attack														
Depression														
Diabetes														
Eczema														
Food Allergies														
Hay Fever														
High Cholesterol														
High Blood Pressure														
Immunosuppressive Disorders														
Kidney Disease														
Osteoporosis														
Stroke														
Substance Abuse														
Thyroid Disorders														
Smoking														
Other:														

Nutri-Physique, LLC: Thrive through Nutrition and Fitness Therapy

Pam Vagnieres, MS, MNT, CSCS www.nutriphysique.net 303-665-7992

Back to the kiddo:

What primary beverage does your child consume? _____

Would he/she rather drink a liquid, chew or swallow pills? _____

Do your child exercise regularly? _____ No _____ Yes:

What kind and how often? _____

What other traditional / complementary / alternative practitioners are you seeing, or have you seen:

If your visit is weight related and your child has attempted before to control his/her weight, what has sabotaged their efforts?

Would you like a receipt for health insurance coverage? Yes No
 You will need to pay Nutri-Physique for services, and submit an invoice to your insurance.
 Unfortunately, not many insurance plans cover NT, but many flex plans cover nutrition therapy.

Please Circle any of the following that apply to your child:

	Feels cold often	Depressed	Having low pain tolerance	
	Tired for no reason	Impulsive	Tearful, reactive	
	Restless, can't keep still	Having a short attention span	Having low self-esteem	
	Confused	Blocked, scattered	Feeling stressed out	
	Having trouble remembering	Does not deal with anger well	Feeling isolated	
	Having trouble concentrating	Suicidal	Depressed, hopeless	
	Easily frustrated	Reactive	Feeling "done to" by others	
	More irritable than usual	Craving sweets	Craving sugar	
	Getting angry unexpectedly	Craving carbohydrates like bread, pasta and cereal	Emotionally overwhelmed	

If your child is an adolescent:

Tobacco Use

Cigarettes _____ Never _____ Quit: Date _____
 _____ Current _____ Packs per Day _____ Cigarettes per Day
 Other Tobacco: _____ Pipe _____ Cigar _____ Snuff _____ Chew

Drug/Alcohol Use

_____ Never _____ Yes, If so, what drug(s) _____
 _____ Don't know _____ Quit: Date _____

You're almost done...thank you for your patience...it will be worth your effort!!!

Scoring: Don't Have Symptom =0; Mild = 3; Moderate = 6; Severe = 9

0	3	6	9	Chronic eczema, rashes, or itching
0	3	6	9	Body odor or bad breath not relieved by washing
0	3	6	9	Chronic sore throat, laryngitis, cough, or tender glands
0	3	6	9	Urinary frequency, burning, or urgency
0	3	6	9	Pain or tightness in chest, wheezing, or shortness of breath
0	3	6	9	Recurrent ear infections, fluid in ears, or nasal congestion
0	3	6	9	Tendency to bruise easily
0	3	6	9	Insomnia
0	3	6	9	Lack of coordination, dizziness, or poor balance
0	3	6	9	Food sensitivity: If so, which foods? _____

Please check yes or no:

Yes	No	Antibiotics and Drugs
_____	_____	Has your child taken tetracycline or other antibiotics for one month or longer?
_____	_____	Taken frequent short courses of other broad-spectrum antibiotics?
_____	_____	Taken prednisone or other cortisone-type drugs for one month or more?
_____	_____	Taken birth control pills for more than a year?

Thank you! Thank you! Thank you!!!

Please complete this form and bring it with you to your first appointment.

My Office Location: (Please map quest or call for directions.)

Home office:
 169 S. Raintree Ln.
 Louisville, CO 80027

“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 (1847-1931)

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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!

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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24-Hour Cancellation Policy (FOR MISSED APPOINTMENTS)

- 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.
- 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 _____

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

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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 status.

NUTRI-PHYSIQUE FEE SCHEDULE

Single Session: \$88.40/hr (4% discount cash/checks = \$85.00)

Packages:

Five sessions: \$390 (4% discount cash/checks = \$375)

Ten sessions: \$676 (4% discount cash/checks = \$650)

Sometimes you just need to check in and get some inspiration, recipes, ideas.

30 minute phone/email: \$50.00 (checks and cash only please)

Please be on time...

Sessions exceeding one hour will be charged accordingly.

Insurance reimbursement may be available depending on your plan.

Please ask for a receipt with CPT insurance codes if you need one.

Flex plans almost always cover nutrition and exercise therapy.

Payment is to be made at the time of services. Cash, checks or credit cards (Visa/MC/Discover) accepted. \$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

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

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, LLC 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, LLC will maintain the privacy of your confidential health information as required by law and by the notice currently in effect. Nutri-Physique, LLC 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, LLC Notice of Privacy Practices.

Signature _____

Print Name _____

Date _____

Parent/Guardian Signature _____

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

Thank You for your patience with this form!

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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, soup, 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. svq. 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. Please count the ounces of water you typically drink in one day and record it at the bottom.
- Keep your diary as you go through the day. Do not try to remember what you ate at the end of the day, you might forget something!
- Record your bowel movements in detail! What goes in must come out! The timing, consistency, size, shape...gives me important information about your digestive system.
- **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, sleep patterns, physical pains, digestive concerns...etc. Anything could be critical information for us! Also let me know if you ate in a rushed manner, were you stressed, or calm, driving, etc?

Finally, please record supplements, medications, and the exercise you do each day. Do you feel better the days you exercise?

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!!!