

DIET DIARY

Name: _____

Start Date: _____

	Monday Day ____	Tuesday Day ____	Wednesday Day ____	Thursday Day ____	Friday Day ____	Saturday Day ____	Sunday Day ____
Breakfast							
Lunch							
Dinner							
Snacks							
Fluids							
BM							
Energy							
Comments							

** BM = Bowel Movements.

Please feel free to write on the back of the sheet if more space is required.



Tell Me About Yourself!

I _____ cooking!

How many times a week do you currently eat the following:

Chicken: Pork: Beef: Turkey: Fish: Other:

What are your top 5 favourite meals/cuisines?

1. _____

2. _____

3. _____

4. _____

5. _____

Do you have any health goals? (e.g. weight loss, increased energy, etc.)

The Specifics

Do you have food allergies?

Yes: No:

If yes, what foods?

What is the severity of the reaction?

Do you have dietary restrictions?

Celiac:

Gluten Free:

Vegan:

Vegetarian:

Other:

Do you have food sensitivities or unpleasant reactions to certain foods? (*beans, garlic, meat, etc.*)

If yes, to which foods?

Are there any foods you will not eat?

Where do you typically buy your groceries?

How do you feel about leftovers for lunches?



Registered Holistic Nutrition Declaration & Consent to Treatment

Please read, complete and sign this Client and Consent Agreement. It will explain in detail the services that I, Samantha deSousa, a Registered Holistic Nutritionist, can provide to you.

This Agreement will also provide details as to how your personal information will be used for the sole purpose of the services that I provide. I understand the importance of protecting your personal information and will collect only the information needed for a nutritional a/o physical based assessment.

CLIENT AGREEMENT

I agree to, Samantha deSousa RHN, collecting personal information about me as set out above.

I understand and agree that, Samantha deSousa RHN, will keep all documents related to me, included but not limited to any assessment, food diaries, forms, worksheets or any notes that relate to me, as a record of our work together.

I understand and agree that, Samantha deSousa RHN, may use any information gathered to document the topics that we discuss about my progress or plans that may be helpful to my health and wellness. Any and all information will be stored in a secure location and any medical records, personal information and health history provided to Samantha deSousa RHN will be kept in strict confidence unless I provide consent to have them released. I may look at and request a copy of my records at any time.

I understand and agree that each individual is unique and it will not be possible to determine in advance how my body/system may react to certain foods, drinks or supplements that may be suggested to me.

I understand and agree that it may be necessary to adjust my plan from time to time or until such time that my body can properly accept nutritional changes. I understand and agree that it is my responsibility and decision to use or disregard any nutritional and/or lifestyle guidelines.

I agree to hold Samantha deSousa, RHN harmless for any and all claims or damages in connection with our work together under the terms of this Agreement. I understand and agree that this Agreement is also a release of her liability.

I understand and agree that any advice under this program is not a substitute for medical treatment or a varied diet and that all components have been explained to me but I am free to ask any questions that I may have.

I understand and agree that after all advice and assistance has been provided to me by Samantha deSousa RHN, that I may withdraw at any time after **all fees have been paid in full.**

Consent Agreement

I hereby confirm and agree to the following:

1. I fully understand that Samantha deSousa, RHN, is not a medical doctor and I am not here for medical testing or treatment procedures. If I have any health matters, conditions or disease I have been advised to seek competent medical advice from a licensed practitioner of medicine. I understand and agree that any service provided by an RHN is not designed to cure or prevent any disease, pain, injuries, mental or physical conditions of any kind.
2. I acknowledge that the services performed by Samantha deSousa, RHN is at all times restricted to consultation with respect to nutrition for building wellness and does not involve diagnosing, treatment or prescribing of remedies for the treatment of any disease or for anything that requires a medical license.
3. This agreement is being signed voluntarily and not under the duress of any kind.
4. I have attended this visit, and any subsequent visit(s), solely on my own behalf and not as an agent for any federal, provincial or municipal agency on a mission of any entrapment or investigation.
5. I have read this Consent Agreement, fully understand its terms, understand that I have given up certain rights by signing it and am signing it freely and voluntarily, without any duress or inducement.
6. I understand that completing this form will form part of a legal and binding agreement.

7. I am aware that 48 hours notice is required for appointment cancellations or a cancellation fee may be applied.

8. I understand that Samantha deSousa, RHN reserves the right to decide which cases are outside of her scope of practice, in which case a referral will be suggested.

I have read this agreement and fully understand its terms.

Signature	Date
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Name	
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Registered Holistic Nutritionist Signature	
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