

## Welcome to Jem Welsh Nutrition

Before your consultation, we ask you to provide the following information and to bring with you a detailed food journal for two days that includes the following: What you Ate, When you Ate it, How much of each food did you have. There is a copy of the journals on Page 3. Please make copies; it is proven that journaling is the single most important way to show your gains and issues while on a nutrition or fitness plan. You will also be asked to physically bring all your medications, nutritional supplements, powders and herbal products you take daily. You are also encouraged to bring in any recent lab work, including blood work, if you feel it is important to your consultation. If the consultation requires it; you will also be assessed for body fat, muscle tone and may be asked to provide photos to serve as private tools in your plan. Jem Welsh Nutrition does not use any photos of clients publicly without proper paperwork. You are also encouraged to bring (reasonable) goal photos to aid in consultation. Please take your time, be introspective and think carefully before answering the questions within this assessment. This is your chance to talk about your health in a respectful and thorough manner; prepare well.

### Exercise today and during the week:

What Exercises today?	What Time?	How Long?
Stretching in a.m.	_____	_____ minutes
Morning BootCamp	_____	_____ minutes
Luncheon BootCamp	_____	_____ minutes
Evening BootCamp	_____	_____ minutes
Stretching in p.m.	_____	_____ minutes
Other Workouts Totals		
Cardio	_____	_____ minutes
Strength training	_____	_____ minutes
Pilates	_____	_____ minutes
Yoga class	_____	_____ minutes
Exercise class	_____	_____ minutes
What other activities during the week, including (sports, golf, hiking, etc.).		

I do these activities for \_\_\_\_\_ minutes/hours a day / week.

**Total Amount of Time Spent in Workout/Activity \_\_\_\_\_**

**PLEASE NOTE: If you feel we should know more about your fitness/rehab OR daily schedule, flip this page and let us know!**

## FOR THE CONSULTATION WITH JEM

**Fill in all areas to help me get to know you and feed you!**

I typically eat \_\_\_\_ meals and \_\_\_\_ snacks daily. I count calories \_\_\_\_.

I go to sleep at \_\_\_\_\_ p.m. / a.m. I wake up at \_\_\_\_\_ p.m. / a.m.

I work or go to school from \_\_\_\_\_ a.m. / p.m. until \_\_\_\_\_ a.m. / p.m.

\_\_\_\_\_ days a week. I travel \_\_\_\_\_% of each day, in the car or out of

town. I eat \_\_\_\_\_ (same / differently) when on the road. I do\_\_ do

not\_\_ prepare most of my meals. I like \_\_\_\_ dislike \_\_\_\_ preparing food.

### Health Stuff

Check any of these issues if you feel it important enough to discuss:

**1. In addition to getting in the best shape possible, you may need some nutritional advice or support for other areas of your body and quality of life, including support for:**

Digestion \_\_ Elimination \_\_ Bloating \_\_ Water Retention \_\_ Heart Health \_\_

Sleep \_\_ Energy in morning \_\_ Energy in evening \_\_ Restless Energy \_\_

Sexual Energy \_\_ Reduction of pain \_\_ Dehydration \_\_ Joint or Muscle Pain \_\_

Skin Health and Appearance \_\_ Immune System \_\_ Allergies \_\_ Hormones \_\_

Mood and Concentration \_\_ Trauma or Accident Recovery \_\_ Circulation \_\_

Breathing \_\_ Sensitivity to Heat/Cold \_\_ Frequent Urination \_\_ Addiction \_\_

Stress \_\_ High Anxiety \_\_ Menstrual Problems \_\_ Yeast or fungal problems \_\_

**ABOUT ENERGY: On a scale of 1-10 (1-being in a coma) to 10 (10-an explosion of energy), how would you rate your energy:** Upon arising? \_\_\_\_ 2 hours before lunch? \_\_\_\_ 2 hours after lunch? \_\_\_\_ Prior to dinner? \_\_\_\_ 1 hour after dinner? \_\_\_\_ At bedtime? \_\_\_\_ First signs of energy loss are at \_\_\_\_am/pm

**ABOUT SLEEP: If sleep is an issue, we need to know:**

I sleep \_\_\_\_ hours typically. I have \_\_\_\_ do not have \_\_\_\_ trouble getting to sleep?

I fall asleep but often wake up in the middle of the night? Yeah \_\_\_\_ Not me \_\_\_\_

**HEALTH CONSULT - Page Two**

2. Please list any MD diagnosis of illness or disease that requires you to take medications, including hormones, pain relievers, etc.

Disease or Condition requiring medication?	The Medication you currently take?	How Long have you taken it?	When do you take it? Food?

If you are currently under physician's care, please let us know.

3. List all Nutritional Supplements taken DAILY:

Item	Brand	How Long?	What for?	When do you take it?

Jem Welsh Nutrition does not practice medicine, but we do understand the nutritional load demands of medications. Our purpose in getting this information is to make sure we help your nutritional well-being without interfering with any medication. Always ask your physician about medication concerns as it applies to nutrition and fitness.

4. Please initial and sign the statements below and let's get going! If you have any questions or need further directions, please call 949-291-5499. See you soon!

Please read each section below carefully and sign before appointment:

Jem Welsh Nutrition provides services in nutritional counseling and body mechanics only and does not practice medicine. The intent of services is to educate clients on proper nutrition and lifestyle adjustments for quality of life, as well as provide education in practical methods of obtaining optimal health. Jem Welsh Nutrition does not provide medical services, including but not limited to diagnosis, treatment, cure or management of any illness or disease.

Please initial that you have read and understand the above notice. \_\_\_\_\_

You agree that Jem Welsh Nutrition cannot be held responsible to client's failure to consult with a physician prior to starting any nutritional or exercise program. Client also understands that he/she is to inform counselor of any communicable disease or limitation of strength or movement.

Please initial that you have read and understand the above notice. \_\_\_\_\_

**Warning: MEDICATIONS AND FOOD ALLERGIES:** if you have a health condition that requires medication or specific therapies, you must consult your physician before beginning any nutritional or fitness program. If you have food allergies, you might find certain aspects of a meal plan difficult to follow. Food labeling regulations require warnings be attached to all food products indicating if there are known allergens in the food are at the facility manufacturing the foods.

Jem Welsh Nutrition cannot be held responsible for allergic reactions to any of the foods or food suggestions within this plan. Please make JWN aware of any medications or health conditions that might prevent your consuming any foods or performing body care exercises. The decision to participate in any program offered by JWN is entirely yours.

Initial here that you comply with the above warnings. \_\_\_\_\_

Payment of services is expected prior to commencement of each consultation. This cost does not include nutritional products that may be recommended at the time of the visit. Appointment fees are applied to appointments that are skipped or cancelled without providing 24-hour notice. Your minimum fee for services is \$125 per hour unless concierge services or personalized meal and fitness plans have been arranged for you.

Please provide your signature here indicating that you have read and understand the above notices regarding our services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DAILY NUTRITION, EXERCISE AND ENERGY JOURNAL**

---

**Meal One**

Protein Selection: \_\_\_\_\_ How much? \_\_\_\_\_

What else did the plate hold? \_\_\_\_\_

---

**Morning Snack or Drink:**

Foods: \_\_\_\_\_

**Meal Two**

Protein Selection: \_\_\_\_\_ How much? \_\_\_\_\_

What else did the plate hold? \_\_\_\_\_

---

**Afternoon Snack or Drink (include Happy Hours or Cocktails):**

Foods: \_\_\_\_\_

**Meal Three:**

Protein Selection: \_\_\_\_\_ How much? \_\_\_\_\_

What else did the plate hold? \_\_\_\_\_

---

**After-Dinner Snack or Drink (including Cocktails and Desserts):**

Foods: \_\_\_\_\_

HOW MANY OUNCES OF WATER TODAY: \_\_\_BOTTLES\_\_\_

**SUPPLEMENTS AND MEDICATIONS**

---

\_\_\_ a.m.    \_\_\_ noon    \_\_\_ p.m.    \_\_\_ bedtime

**EXERCISE: I WORKED OUT FOR \_\_\_ MINUTES TODAY:**

---

My Workout was:

- 1.
- 2.
- 3.

NOTES: (REACTIONS, ISSUES, EMOTIONS, EXERCISE GOALS MET, ETC.)

---

**DAILY NUTRITION, EXERCISE AND ENERGY JOURNAL**

---

**Meal One**

Protein Selection: \_\_\_\_\_ How much? \_\_\_\_\_

What else did the plate hold? \_\_\_\_\_

---

**Morning Snack or Drink:**

Foods: \_\_\_\_\_

**Meal Two**

Protein Selection: \_\_\_\_\_ How much? \_\_\_\_\_

What else did the plate hold? \_\_\_\_\_

---

**Afternoon Snack or Drink (include Happy Hours or Cocktails):**

Foods: \_\_\_\_\_

**Meal Three:**

Protein Selection: \_\_\_\_\_ How much? \_\_\_\_\_

What else did the plate hold? \_\_\_\_\_

---

**After-Dinner Snack or Drink (including Cocktails and Desserts):**

Foods: \_\_\_\_\_

HOW MANY OUNCES OF WATER TODAY: \_\_\_BOTTLES\_\_\_

**SUPPLEMENTS AND MEDICATIONS**

---

\_\_\_ a.m.    \_\_\_ noon    \_\_\_ p.m.    \_\_\_ bedtime

**EXERCISE: I WORKED OUT FOR \_\_\_ MINUTES TODAY:**

---

My Workout was:

- 1.
- 2.
- 3.

NOTES: (REACTIONS, ISSUES, EMOTIONS, EXERCISE GOALS MET, ETC.)

---