

PRE-CONSULTATION ASSESSMENT FOR JEM WELSH NUTRITION

Thank you for your trust in our nutritional and whole body health programs. We look forward to working with you on a customized whole body care program or nutritional regimen. To make our time together on your first appointment as beneficial as possible, please be prepared with the items listed below. The appointment for your one-on-one consultation is at:

TBD _____ @ _____ am/pm

PLEASE BRING WITH YOU THE FOLLOWING ITEMS:

THIS SIGNED ASSESSMENT (ON PAGES FOLLOWING) AND ALL NUTRITIONAL SUPPLEMENTS AND MEDICATIONS YOU TAKE ON A REGULAR BASIS: If you have any specific needs or goals not listed on the assessment, please jot them down and bring them as well. It's important to send a list of any medications you take, with name, dosage and time you take them to us prior to your consultation. Physically bring your nutritional supplements, so they may be properly screened and discussed. This includes: any herbal or homeopathic remedy, any nutritional vitamin, mineral, amino acids, hormones and protein/workout powders, pills and beverages. If you consider it food and a part of your health program, bring it.

LAB WORK: Bring with you a copy of any blood work you have had done in the past year. (i.e. Cholesterol/blood lipids, hormones, thyroid, glucose, liver enzymes, minerals, iron, etc.). Lab work is not necessary, but always helpful, particularly if you have had regular tests. This might also include hair analysis, bone density and allergies.

JOURNAL: Log your food and exercise. There is no right and wrong way to keep your log, but the more accurate you are; the more I can help you. List what you ate, the approximate portion size (visualize a size we both will understand), the time you ate, and if there were any other issues you think I need to know. Bring these copies with your assessment and we will get you started.

YOUR BIKINI OR SWIMWEAR: We take pictures for all metabolic clients, in order to show you the most apparent changes in your body with the programs. We do not use these photos for any purpose other than showing progression. There are no "Before and After" advertisements or photos of clients used without their approval and endorsement. The photos are password-protected and your privacy is imperative in our work. Bring swimwear that allows us to see your body in all its gravitational beauty! You will be provided with a private room for dressing and you have the right to determine who is in the consultation office during your bodyfat assessment, mapping and photo sessions.

MY OFFICE LOCATION AND DIRECTIONS ARE AS FOLLOWS:

260 Newport Center Drive, located in the Design Plaza center near Fashion Island in Newport Beach, CA 92660. The nearest intersection is Avocado and Farallon. You can also find a GoogleMap of the building on my website, on the Contact page. The number there is (949) 999-3341. If you are unable to find building, please call; the staff will guide you in.

The hourly consulting fee (one-on-one, food consult or Body Scan) is \$125.00 an hour. Various options for meal and fitness plans may be described at your initial consultation, but you are not required to take any meal plan or fitness plan as a part of the counseling session. The fees for counseling may be rolled into a program if you choose to follow a longer-term strategy. Meal Plans and Fitness Plans vary in price. Nutritional products are not a part of meal plans, unless specified.

If for any reason you can't make the appointment, please note that I have a 24-hour notice of cancellation policy.

See you soon,

Jem Welsh CNS, CPT

Jem Welsh Nutrition
260 Newport Center Drive, Suite 100
Newport Beach, CA 92660

949-999-3341
www.jemwelsh.com

Name: _____ Age: _____ Height: _____ Weight: _____

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 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 need to know more, flip this page and let us know!
Please bring all notes with you to your consultation - it's your time to discover!

FOR THE CONSULTATION WITH JEM

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

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 typically eat ___ meals and ___ snacks daily. I usually eat ___ meal(s) and ___ snacks at work. I eat (same / differently) when on the road. I do/do not prepare most of my meals. I love/hate 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 ___ Fungus ___ High
Stress ___ High Anxiety ___ Menstrual Problems ___ Yeast or fungal problems ___

ABOUT ENERGY: On a scale of 1 (being in a coma) to 10 (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? _____. Does your energy "dip" several times during the day?

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

You sleep ___ hours typically. Do you have trouble getting to sleep? ___ Do you fall asleep but "sleep lightly" and wake up in the middle of the night? Yes/No

Health, Nutrition and Fitness Intake – 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 need additional room, please use the back and show your counselor.

3. List all Nutritional Supplements you are currently taking 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. Nutritional Mindset and History

Do you find yourself not eating even as you are reminded that it is time to eat? _____ Have you ever had what was then described as a "low blood sugar" issue that was solved when you had something to eat? _____ Do you often have headaches from hunger? _____ Do they diminish once you have had something to eat? _____ Do you eat anything within 30 minutes of going to bed? _____ What? _____ Do you drink coffee more than once during the day? _____ How many? _____ Do you add anything to the coffee or tea for taste purposes? y/n

Did you grow up eating cultural foods that are not considered mainstream American dining? _____ Do you have eating restrictions for religious reasons? _____ Do you restrict foods in your daily choices based on political reasons? _____ Unnatural distaste for certain foods(will not eat for any reason)? _____

Were/are you ever on a restricted food plan for athletics? _____ Were you ever on a "no-fat" diet _____? How long? _____ List all the various diets or restricted foods you may have tried over the years? _____ Would you say you have eaten at a "fast food" restaurant more than twice a week within the past year? _____

Do you tend to get TOO full from your meals? _____ Are your eyes bigger than your stomach when you make your plate or order foods? _____ Do you suffer from indigestion shortly after you eat? _____ Two hours later? _____

THINK THROUGH YOUR DAY WITH FOODS. COMPLETE THE FOLLOWING: I eat every _____hours. I eat all day long (less than an hour between snacks or noshing)._____y/n. I eat breakfast _____times a week. I find myself hungry at the end of each day _____ y/n. My last meal or snack is _____ minutes before bedtime. I go to bed feeling too full nightly _____y/n - OR - I often go to bed hungry or catch myself wanting to cheat eat" at night: _____ y/n It is typical for me to get up and have a snack after I have retired to bed at night. _____y/n

Nutritional Mindset and History (continued)

Do you count calories? ____ Do you typically eat at your dining table? ____ Do you often have food (snacks, fruit, candy) in plain view on your counter or table? ____ Do you most often eat "take-out" food at home? ____ If you work outside the home, how many days weekly do you bring food from home? ____ Does your place of work allow desk displays of food (candy bowls, food in the open, etc.) ____ How many times weekly do you have home-prepared dinners? ____

When you eat, do you tend to stick to the same foods (even when bored with them?) ____ When you go out to eat, do you vary your choices for dining? ____ Do you personally do your grocery shopping? ____ y/n How many times weekly do you shop? ____

Do your food choices usually revolve around taste? ____ If so, what is that taste? ____ Do you tend to eat grains, cereals or bread at every meal? ____ Do you eat onions, peppers or hot sauce at most meals? ____ How many salads do you eat weekly? ____ Is your salad ever the main course of your meal? ____ Do you tend to eat foods by themselves or as part of a balanced meal? ____ Can you recognize the healthy attributes of the foods you eat? - ____ Do you ever choose foods for this reason rather than for the taste, comfort or familiarity? ____ Do you believe you have to sacrifice taste for health with foods? ____ If you could choose ANY FOOD to eat GUILT-FREE, which food or meal would you choose? ____

Clinical Considerations: Please read each section carefully and sign before appointment. **IMPORTANT:** Please consult with your physician prior to starting any nutritional or exercise program. All clients should inform counselor of any communicable disease or limitation of strength. Client agrees that all statements on this assessment are true and that there are no limitations other than those described within that would impede or limit nutritional compliance or recommendation from Jem Welsh Nutrition. Please bring all your medications, nutritional supplements and any recent blood work that might be applicable to our purposes. Full disclosure of all medications is essential.

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

Jem Welsh Nutrition provides services in nutritional counseling and body mechanics only and does not practice medicine. The intent of our 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. Please consult with your physician prior to starting any nutritional or exercise program.

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

Client also understands that body fat, digestive and lymphatic analysis including, but not limited to: strength assessments, therapeutic and deep tissue massage, lymphatic drainage, Reiki massage, essential and therapeutic oil infusion and aromatherapy energy work) may be employed or recommended as part of the program and may require additional expense. All clients should inform counselor of any communicable disease or limitation of strength.

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

You will need to bring swimwear in order to have a group of poses taken to assess and map your body's various tissues (body fat, retention, bloat, etc.). These photos and your visit are quite strictly confidential and your comfort and privacy are most important to us.

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

PLEASE NOTE: At this time, all payment for services and products to Jem Welsh Nutrition are by check or cash - no credit or ATM cards are accepted at the current time, except through PayPal. This will require an additional fee - apologies but waiting on confirmation of credit processing. Payment of services is expected at the time of each consultation. The fee for counseling does not include nutritional products, which may be recommended at the time of the visit. Package programs are available. All appointment fees are applied to appointments that are skipped or cancelled without providing 24-hour notice.

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.)

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What else did the plate hold? _____

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

Foods: _____

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