Creating RESULTS with Dr/Coach Nadine

Name		Age	
Phone (s)		Date of Birth	
Mailing Address		Height	
		Weight	
e-mail		Activity Level	
ER Phone #		**Blood Type**	
		Met Test Scores	

DIET ANALYSIS ~ Instructions

Provide a listing of **everything** you eat and drink for 3 days. It is ***important*** that you provide the reality of the foods your body is used to eating right now. Please do not go on an "It's my last meal" or "I don't want them to know I ate that". To best serve you, provide the an accurate snap shot of what you really DO feed your body and what your Metabolism has been used to for the past 3-6 months**. Be very specific**. Provide Quantity, Brand Names, Places, Time of day, etc. A Place has also been provided to note any emotions you might be feeling at that time of day/meal. *The more information you provide, the more detailed your Diet Analysis will be.*

DAY 1			
Time of Day	**Quantity**	**FOOD Description ~ *Be Specific***	**Emotions**

DAY 2			
Time of Day	**Quantity**	**FOOD Description ~ *Be Specific***	**Emotions**

DAY 3			
Time of Day	**Quantity**	**FOOD Description ~ *Be Specific***	**Emotions**

Additional Information

Provide information on all Medications, Supplements, Herbs, Alcohol and Recreational Drugs, include the purpose and duration you have been taking the item. Current Exercise Regime including Frequency, Relevant Family History (diabetes, cancer, HBP, etc), **Your current Health and Nutrition concerns,** additional questions have been asked to provide further insight, and the **GOALS** you would like to achieve.

Medications/Supplements etc	Include ***Purpose*** and ***Duration*** you have been taking the item

Current Exercise Regime	
Resistance Training	
Cardio	
Yoga etc	

Family History	
Mother	
Father	

Additional Questions that may provide insight
Do you use Tobacco products? If yes, how much/type?
How much Alcohol do you consume in a day? Week?
How much Coffee or Caffeine do you consume in a day?
How much Soda/Pop do you consume in a day? Week?
What is your average Water consumption in a day?
What type of sweetener(s) do you use?
How many meals/feedings do you typically eat each day?
How many servings of Vegetables do you consume in a day? Are they FRESH?
How many servings of Fruit do you consume in a day? Are they FRESH?
Do you have cravings? What type(s) of food?
Do you eat sweet things at night?
How often do you eat in restaurants?
Do you binge? Purge? Withhold food? Hide from others when eating??
Other?
Anything else you would like to share that will provide further insight into your eating habit, health concerns.

YOUR current Health and Nutrition Concerns
GOALS you would like to ACHIEVE with your Nutrition, Eating Patterns, Physical Well-Being and Overall Health

Return this form along with payment to Dr Nadine.

Dr Nadine
1901 Winterberry Way, Unit B
Fort Collins, CO 80526

You will be contacted when Dr Nadine has completed her analysis to schedule a 45-minute meeting to discuss the Analysis and Possible Next Steps you might choose to incorporate into your Life.