

CLIENT INTAKE FORM

Kelsie White Nutrition

PERSONAL INFORMATION:

Name:

Home address:

Sex:

Phone:

Date of Birth:

Email:

Age:

Primary Care Provider:

HEALTH HISTORY:

Height:

Current weight:

Usual weight (if different from current):

Current medical conditions:

Past medical conditions:

Family history of medical conditions:

Do you experience regular bowel movements? If not, please explain.

Do you have any issues chewing or swallowing?

List of medications:

List of vitamins, minerals, or supplements:

LIFESTYLE:

Occupation:

Marital status:

Do you have any children? If so, how many?

What recreational activities do you enjoy?

Please describe your physical activity (type and frequency):

How would you rate your energy levels on a scale of 1-10? Please explain.

How would you rate your sleep on a scale of 1-10? Please explain.

How many hours do you sleep each night?

How would you rate your stress levels on a scale of 1-10? Please explain.

INTAKE:

How much water do you drink during the day?

What other beverages do you drink? (ex. coffee, tea, soda, milk, etc.)

How often do you drink alcohol? If so, how much?

How often do you smoke, use tobacco products or other drugs?

What are your favorite foods/meals?

Are there any foods you do not eat?

Do you have any food allergies or intolerances?

How often do you eat out? (ex. restaurants, takeout, fast food) And what do you typically order?

FOOD BEHAVIORS:

Select the option that makes the most sense for you:

How often do you think about food?

Always Sometimes Once in a while Never

How often do you think about weight?

Always Sometimes Once in a while Never

How often do you overeat?

Always Sometimes Once in a while Never

How often do feel that you restrict food?

Always Sometimes Once in a while Never

How often are you "dieting"?

Always Sometimes Once in a while Never

Which diets have you tried? (ex. Weight Watchers, Keto, Intermittent Fasting, Atkins, etc.)

How would you describe your relationship with food?

Negative Neutral Positive

How would you describe your relationship with your body?

Negative Neutral Positive

GOALS:

What are your biggest challenges when it comes to food/health?

What are your biggest strengths when it comes to food/health?

What are you hoping to gain out of working with a dietitian?

Have you identified any specific changes that you are wanting to make?

If so, how confident on a scale from 1-10 are you that you can accomplish this?

Where do you want to be 6 months from now when it comes to your health?

24-HOUR DIET RECALL

Kelsie White Nutrition

HOW TO USE:

Please record everything that you ate/drank over the last 24-hours. If the last 24-hours isn't reflective of your "normal" diet, then record what you typically eat/drink in a day.

Include:

- All meals, snacks, drinks, supplements, and medications
- The time of day/night that you had them
- The amount that you had (to measure how much was eaten/drank, use a set of measuring cups and spoons to help estimate); examples of portion sizes have been provided for you
- Note whether it was homemade or purchased and include brand names where possible

Why? The 24-hour recall helps us understand what your typical eating patterns are like so that we can provide you with personalized recommendations based on your goals. Try to be as accurate and honest as possible, this is a no judgment zone!

DIFFERENT WAYS TO MEASURE FOOD:

1. Use household measurements using a measuring cup or measuring spoons

- $\frac{1}{4}$ cup = 4 tablespoons
- $\frac{1}{3}$ cup = 5 $\frac{1}{2}$ tablespoons
- $\frac{1}{2}$ cup = 8 tablespoons
- $\frac{2}{3}$ cup = 10 $\frac{1}{2}$ tablespoons
- $\frac{3}{4}$ cup = 12 tablespoons
- 1 cup = 16 tablespoons
- 1 oz = 28g or the size of one slice of lunch meat

2. Count the number of food items (ex. 10 grapes, 25 almonds, 8 shrimp)

3. Use food labels to estimate quantities

4. Use your hand to estimate portion sizes quickly

- Your fist = about 1 cup (250ml)
- Whole thumb = 1 tablespoon
- Your palm (without your fingers and thumb) = 3 ounces
- Thumb tip = 1 teaspoon

CHECKLIST OF FOOD/BEVERAGE ITEMS TO REMEMBER:

Beverages (ex. Water, juice, milk, plant-based beverage, coffee, tea)

- Did you add anything to your coffee/tea? (milk, sugar, honey, etc.)
- What kind of milk did you use? (skim, 2%, etc.)
- Was it “diet” or regular soda/juice?

Bread products (ex. Toast, dinner rolls, burger buns, bagels, croissant)

- Did you add any spreads? (butter, margarine, jam, etc.)

Grains (ex. Rice, pasta, quinoa, oats)

- Did you add any seasonings or sauces?
- Were they white or brown (whole grain/whole wheat)?

Dairy (ex. Milk, cheese, yogurt)

- What kind of cheese?
- What kind of milk? (plant-based, skim, 1%, etc.)
- Was your yogurt plain or sweetened? Was it Greek or regular?

Vegetables (ex. Spinach, carrots, tomatoes, onions, broccoli, cucumber)

- Were they raw or cooked?
- Did you add any dressing or dips? (balsamic, ranch, etc.)
- Were they fresh, frozen, or canned?

Fruits (ex. Apple, orange, banana, berries, mango, starfruit)

- Were they fresh, frozen, dried or canned?

Fish/meat/poultry

- How was it cooked?
- Did you add any sauces, seasonings, marinades?
- What kind of cut was it? (ex. Chicken thigh, chicken breast, lean ground beef)

Restaurant Foods

- Which restaurant did you eat at?
- What sides/appetizers did you have?

CLIENT AGREEMENT

Kelsie White Nutrition

THIS AGREEMENT is made as of _____ between Kelsie White Nutrition (“Dietitian”) and _____ (“Client”) (collectively as the “Parties”).
(Today's date) (Your name)

The Parties have agreed that Client would like to retain Dietitian to provide services for Client, which is more fully described in Exhibit A (the “Services”). The Parties agree to the following:

1. Term. This Agreement shall be effective as of the date listed above and shall continue fourteen (14) days after written notice of Termination from either Party.

2. Representations and Warranties. The Parties represent and warrant the following:

(a) Dietitian represents and warrants that:

(i) Dietitian is a Registered Dietitian and is qualified to perform the Services;

(ii) Dietitian will provide the Services in a timely, diligent, professional, and workmanlike manner, in accordance with the Agreement and in a manner consistent with industry standards;

(iii) Dietitian will perform the Services in compliance with all applicable laws and regulations; and,

(iv) Dietitian has the full and unrestricted right, power, and authority to enter into this Agreement, perform the Services, and grant the rights granted herein. Dietitian has no other agreements with any other party that would conflict with this Agreement.

(b) Client represents and warrants that:

(i) Client will provide the information needed by Dietitian to perform the Services, as described herein; and,

(ii) Client has the full and unrestricted right, power, and authority to enter into this Agreement and grant the rights granted herein. Client has no other agreements with any other party that would conflict with this Agreement.

3. Changes and Revisions. This Agreement is limited to the Services outlined in Exhibit A. If Client requests new work or changes that are outside the original scope of the Services, Dietitian will provide an estimate. Additional services may be added and charged based on agreement between Dietitian and Client.

4. Compensation and Payment. Client shall pay Dietitian in accordance with the amounts listed in Exhibit A.

In the event that Dietitian incurs legal fees, costs, or disbursements in an effort to collect any Client invoices, in addition to interest on the unpaid balance, Client agrees to reimburse Dietitian for all such expenses.

5. Expenses. Client shall not be liable to Dietitian for expenses paid or incurred by Dietitian, except for those fees that the Parties agree to in writing.

6. Cancellation Policy. Client agrees to notify Dietitian of cancellation of any appointments with a minimum notice of twenty-four (24) hours prior to the scheduled start time, via EMAIL to Kelsie.White@thehealthykels.com or TEXT to (909)-368-6053. If such notification is not received by Dietitian at least twenty-four (24) hours before the scheduled time, pre-paid deposit payment of 50% of cost of selected services for that session will be forfeited and non-refundable, and the appointment may not be rescheduled.

Neither party shall be liable for delay or failure to attend a scheduled session if such delay or failure is caused by any circumstances beyond their reasonable control. Determination of such reasonableness is in the sole discretion of Dietitian.

7. Status. The Parties understand and agree that Dietitian is an independent contractor, which may contract with subcontractors for completion of the Services. Neither Dietitian nor Dietitian's agents shall be entitled to and waive any and all claims to any employee benefits as a result of Client's relationship with Dietitian. It is understood by the Parties that the relationship established by this Agreement is one of an independent contractor and not an employment relationship, joint venture, partnership, or otherwise. Dietitian is not authorized to enter contracts or agreements or create obligations on behalf of Client to third parties unless otherwise indicated by Client, in writing.

8. Termination. This Agreement may be terminated, postponed, or delayed, in whole or in part, by either Party upon fourteen (14) days' written notice to the other party.

9. Confidentiality. The Parties agree that neither party shall authorize the other to disclose to any third party any confidential information without prior written consent, except as may be necessary to establish or assert rights hereunder, as required by the laws of the applicable jurisdiction or by court order. Confidential Information includes business methods, business policies, business strategies, business plans, procedures, techniques, research, or any other relevant details relating to or dealing with the business operations or activities of the Parties. Confidential information is not limited to a specific medium and can be oral, written or physical in format. The confidentiality obligations set forth in this Agreement shall survive 10 years after termination or expiration of the Agreement.

10. Confidentiality of Patient Information. Dietitian complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Dietitian acknowledges and agrees to protect the personal information of Client in accordance with HIPAA. Client may be required to sign additional HIPAA forms by Dietitian.

11. Intellectual Property - Dietitian Materials. All original materials provided by Dietitian to Client are owned by Dietitian. Any original materials are provided for Client's individual use only. Client is not authorized to use or transfer any of Dietitian's intellectual property. All intellectual property remains the property of Dietitian. No license to sell or distribute is granted or implied.

12. Disclaimer. Dietitian will provide current dietary and nutrition advice and information as part of the Services. Dietitian has made every effort to ensure that all Services have been tested for accuracy. There is no guarantee that Client will see positive results using the techniques and materials provided by Dietitian. Dietitian assumes no management responsibility for Client's decisions or practices that Client implements.

13. Medical Treatment. Client understands and agrees that Dietitian provides dietary, nutrition, and wellness information and advice. Client understands that Dietitian does not provide medical advice nor can Dietitian prescribe medical treatment. Client understands that Client must seek medical advice from Client's physician or medical provider. Client understands that it is Client's responsibility to discuss all changes to Client's diet or potential dietary supplement use with Client's medical provider prior to making any changes.

14. Waiver. Client understands that all changes to Client's diet, including changes to food or use of dietary supplements, carries a risk. Client is doing this at Client's risk. Client is engaging Dietitian for Services with full knowledge and acceptance of such risks.

Client hereby releases Dietitian from any and all responsibility or liability from injuries or damages to Client's person resulting from or connected with Client's participation in the Services.

15. Indemnification. Dietitian agrees to defend, indemnify and hold Client, its affiliated companies and its respective employees, officers, directors, trustees and agents harmless from and against any and all losses, claims, suits, actions, liabilities, obligations, costs and expenses (including reasonable attorneys' fees and costs) which they suffer as a result of (i) the negligence or intentional misconduct of Dietitian or (ii) Dietitian's breach of any provision of this Agreement (including any representation or warranty).

Client shall indemnify, defend, and hold Dietitian harmless from and against any loss, liability, damage, or expense, including reasonable attorney's fees, incurred or suffered by or threatened against Dietitian in connection with or as a result of any claim brought by or on behalf of any third party person or entity as a result of or in connection with Dietitian's appearance or association with Client, unless such claim arises from Dietitian's acts or omissions or arises from or is related to breach of any obligation and/or warranty made by Dietitian hereunder.

16. No Warranty. All information is provided "as is" with no warranties.

17. Choice of Law and Jurisdiction. This Agreement shall be governed by the laws of the State of WASHINGTON without regard to its conflict of laws doctrine, and applicable federal laws of the United States of America.

18. Assignment. This Agreement shall not be transferred or assigned to any third party, in whole or in part, by Client without the express written consent of Dietitian, which may be withheld in Dietitian's sole discretion.

19. Notice. Except as otherwise provided herein, all notices that either party is required or may desire to give the other party shall be in writing to the addresses in the signature block. Electronic mail is permissible, but will only be considered sufficient notice if the non-sending party affirmatively confirms receipt.

20. Miscellaneous.

a) If any of the provisions of this Agreement is or becomes illegal, unenforceable, or invalid (in whole or in part for any reason), the remainder of this Agreement shall remain in full force and effect without being impaired or invalidated in any way.

b) Any rights or obligations contained herein that by their nature should survive termination of the Agreement shall survive, including, but not limited to representations, warranties, intellectual property rights, indemnity obligations, and confidentiality obligations.

c) Any failure of either party to enforce any provision of this Agreement, or any right or remedy provided for therein, shall not be construed as a waiver, estoppel with respect to, or limitation of that party's right to subsequently enforce and compel strict compliance or assertion of a remedy.

d) The Agreement may be executed in several counterparts, all of which taken together will constitute one single agreement between the Parties. The Parties expressly agree that with respect to this Agreement, a facsimile or electronic signature or executed document which has been formatted as a Portable Document Format (PDF) and electronically exchanged shall be binding upon the Parties.

e) This Agreement, along with all attachments, represents a single agreement, as well as the entire agreement with respect to the subject matter. This Agreement supersedes any prior agreement between the parties, whether written or oral, with respect to the subject matter, and may be modified or amended only by a writing signed by the party to be charged.

IN WITNESS WHEREOF, the Parties hereto have duly executed this Agreement as of the day and year first written above.

Kelsie White Nutrition

By: Kelsie White, MPH, RDN

Dated:

Address: 11259 San Lucas Drive,
Loma Linda CA 92354 Address:

Email: Kelsie.White@thehealthykels.com

Name: (Your signature)

Dated:

Address:

Email:

EXHIBIT A
DESCRIPTION OF SERVICES

Objective:

To provide evidence-based dietary counseling, nutrition counseling and education for individual patients according to their needs.

Timeline:

Established according to the package selected and discretion of Dietitian.

Location of Services:

Virtual appointments via Google Meets. Meeting link is sent via email prior to the scheduled appointment. If another platform must be used, this will be determined on an as needed basis.

Compensation:

Self-Pay: Client will pay the following fees for the Services as selected by Client:

- Meet & Greet: FREE
- Package 1: Initial Nutrition Consultation + 1 Follow Up + 1 Week Meal Plan: \$130 (\$65 pre-paid deposit to schedule, \$65 at the time of service)
- Package 2: Initial Nutrition Consultation & 2 Follow Ups + Resources: \$170 (\$85 pre-paid deposit to schedule, \$85 at the time of service)
- Package 3: Initial Nutrition Consultation & 4 Follow Ups + Resources + 1 Week Meal Plan + Text/Email Support: \$300 (\$150 pre-paid deposit to schedule, \$150 at the time of service)
- Initial Nutrition Consultation Only: \$90 (\$45 pre-paid deposit to schedule, \$45 at the time of service)
- Follow Up (For Established Patients Only): \$40 (\$20 pre-paid deposit to schedule, \$20 at the time of service)

Communication: Dietitian approves reasonable communications through the following channels: Email and text messaging. All communications regarding the Services will be conducted only on these approved channels. Client understands and acknowledges that messages sent in any format, other than the approved channels, without prior approval from Dietitian will not receive a response. Client should allow two (2) business days for a response to all communications; however, most responses will be received within one (1) business day.

Description of Services:

- You will receive the number of sessions as according to the appointment or package selected.
- You will receive 1:1 virtual nutrition counseling via Google Meets.
- You will receive individualized nutrition recommendations.
- You will receive a standard nutrition resource kit.
- You will receive a personalized 1-week meal plan if you purchase Package 1 or 3.
- You will receive text message/email support in between sessions if you purchase Package 3.
- You will receive additional resources as deemed necessary and appropriate by Dietitian.

NOTICE OF PRIVACY PRACTICES

Kelsie White Nutrition

Patient Name: _____

Date of Birth: _____

During your treatment at KELSIE WHITE NUTRITION, we may gather information about your medical history and current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by KELSIE WHITE NUTRITION.

KELSIE WHITE NUTRITION is committed to protecting patient privacy. We are required by law to provide you with this Notice of Privacy Practices and to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any of your unsecured protected health information.

I. When We May Use and Disclose Your Medical Information with Your Written Authorization

a. With your authorization – For any purpose, including those described below, we may use or disclose your health information when you have given us your written authorization.

b. Marketing – We will obtain your written authorization before using your health information to send marketing materials.

c. Highly confidential information – There are additional protections for certain confidential health information. For example: psychotherapy notes, diagnosis, prognosis or treatment for alcohol or drug dependency, HIV testing or results, etc.

d. Selling your information – We will not sell your medical information without your written authorization.

II. When We May Use and Disclose Your Medical Information without Your Written Authorization

As part of our services, we will obtain and store information you share with us in our computer system. Your record belongs to our practice, but we do not own your health information. We are permitted by law to use or disclose your health information for the following purposes without your authorization.

a. Payment – We may use or disclose your information to obtain payment for services.

b. Treatment - We may disclose your information to another health care provider so they can treat you or to provide information about treatment alternatives.

c. Reminders – To remind you of appointments for the purposes of care coordination.

d. As required by law – We will disclose your medical information if we are required to do so by federal, state or local law.

e. Public health activities – We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

f. Special Circumstances – We may use and disclose your medical information in these special circumstances: Organ and tissue donation Health oversight activities (as required or allowed by law); Judicial and administrative proceedings; Workers compensation; Coroners, medical examiners and funeral directors; National security and intelligence activities; and Law enforcement.

III. Disclosures We Make Unless You Object To

a. To maintain our directory – We may include limited information about you in our internal directory while you are a patient. This could include your name and contact information.

IV. Your Rights Regarding Your Medical Information

a. Inspect and copy your health information – You may request access to your health information to review or request copies of the information. This usually includes medical and billing records maintained by KELSIE WHITE NUTRITION. You will receive a copy of your health information within sixty (60) days of your written request to receive such information.

b. Right to receive an electronic copy of your medical record – You have the right to request an electronic copy of your medical information. If the form and format are not readily producible, we will work with you to create a reasonable electronic form or format within sixty (60) days upon receipt of your written request.

c. Right to request restrictions on the use or disclosure of your health information – You have the right to request restrictions on the use or disclosure of your medical record to your health plan for payment or health care operations if you have paid in full for the treatment out-of-pocket. This request must be in writing and identify what information you want to limit, how you want to limit the use and/or disclosure, and to whom you want the limits to apply. Please note that it may take up to sixty (60) days for the restrictions to take effect upon receipt of your written request.

d. Right to request to correct or amend your health information – You may ask us to correct your health information. We will consider all requests and may deny your request for legitimate reasons, for example, if we determine that the record is accurate and complete.

e. Right to be notified of a breach – We will notify you in the event of a breach of your protected health information.

f. Right to a paper copy of this notice – You have the right to receive a paper copy of this notice and may ask for a copy at any time.

V. Changes to this Notice

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If the terms of this notice are changed, KELSIE WHITE NUTRITION will provide you with a revised notice upon request.

VI. Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us by notifying us in writing at Kelsie.White@thehealthykels.com.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information, including those listed above and the following:

- I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.
- I understand that uses and disclosures already made based upon my original permission cannot be taken back.
- I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.
- I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

Name: _____

Date: _____