



real health for real people

[www.crystalmathis.com](http://www.crystalmathis.com)

## Integrative Nutritional Counseling

### Client Initial Consultation

- Health History
- Reason for Initial Visit
- Current Health Assessment
- Goal Setting
- Outline Plans for Long Term Success

#### **Sharing responsibility with your Health Coach...**

As your health coach I will be there every step of the way to help educate, support & guide you on your health journey, but the key to your success will be YOU.

Your commitment to this process is vital. You'll have assignments & 'projects' to work on in between your one on one sessions. As your health coach I will be there to hold you accountable, but I will also be there to provide guidance should questions or difficulties arise.

#### **Disclaimer:**

The Client understands that the role of the Health Coach is NOT to prescribe or assess micro- and macro-nutrient levels; provide health care, medical or nutrition therapy services; or to diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body.

The Coach is a mentor & guide who has been trained in holistic health coaching to help clients reach their own health goals by helping clients devise & implement positive, sustainable lifestyles changes.

The Client understands that the Coach is not acting in the capacity of a doctor, licensed dietitian-nutritionist, psychologist or other licensed or registered professional, and that any advice given by the Coach is not meant to take the place of the advice of a licensed physician/professional.

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Date: \_\_\_\_\_

# Integrative Nutritional Counseling

## Your Health History

**Client Name:**

\_\_\_\_\_  
**Phone #:**

\_\_\_\_\_  
**Email :**

\_\_\_\_\_  
**Client Occupation:**

\_\_\_\_\_  
**Client Emergency Contact:**

\_\_\_\_\_  
**Phone #:**

### Musculoskeletal :

\_\_\_ Bone -or- Joint disease                      \_\_\_ Tendonitis -or- Bursitis

\_\_\_ Arthritis &/or Gout                              \_\_\_ Jaw Pain (TMJ)

\_\_\_ Lupus\_    \_\_\_ Osteoporosis

### Respiratory:

\_\_\_ Breathing Difficulty                              \_\_\_ Asthma

\_\_\_ Emphysema                                      \_\_\_ Allergies, specify

\_\_\_ Sinus Problems                                      \_\_\_ Migraines/Headaches

### Circulatory:

\_\_\_ Heart Condition                                      \_\_\_ Varicose Veins

\_\_\_ Blood Clots    \_\_\_ High or, Low Blood Pressure

\_\_\_ Lymphedema    \_\_\_ Thrombosis/Embolism

### Nervous System:

\_\_\_ Shingles    \_\_\_ Numbness/Tingling

\_\_\_ Pinched Nerve    \_\_\_ Chronic Pain

\_\_\_ Paralysis    \_\_\_ Multiple Sclerosis

### Psychological:

\_\_\_ Anxiety/Stress

\_\_\_ Depression

Please list all medications associated with any of the conditions above:

**Your Health History continued...**

**Skin Disorders:**

Eczema       Acne       Psoriasis       Hives       Rosacea  
 Contact Dermatitis       Athlete's Foot       Cellulitis (Staph)       Cold Sores

Allergies; please specify

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**Digestive Health:**

Irritable Bowel Syndrome       Bladder/Kidney Ailment       Crohn's Disease

Colitis; please specify

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Ulcers

**Other:**

Cancer / Tumors; Please specify types, treatments & dates of condition

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Diabetes; please identify date of diagnosis, Type & forms of treatment/medication

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**Surgical History:**

Required Surgery; please specify type of procedure, reason for procedure & dates of procedures

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Cosmetic/Elective Surgeries; please specify type of procedure, reason for procedure & dates of procedures

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**Family Health History:**

How is/was the health of your mother? \_\_\_\_\_

How is/was the health of your father? \_\_\_\_\_

How is/was the health of your extended family? \_\_\_\_\_

Any other family health history you would like to add?

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**Nutritional History:**

What foods did you eat often as a child?

Breakfast:

Lunch:

Dinner:

Snacks:

What was your beverage of choice? \* water \* juice \* soda \* \_\_\_\_\_

Growing up, how many meals were "home cooked?"

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Were you ever invited to join family in the kitchen? \_\_\_\_\_

Growing up did you have any food aversions? If YES, please identify:

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**Physical Fitness History:**

Have you utilized physical fitness, or sports activities as part of your lifestyle? \_\_\_\_\_

If YES, please identify

\* type of activity

\* frequency of activity

\* last date of activity

\* any issues found during or as a result of activity

If NO, please identify why that might be and would you now consider incorporating a physical fitness program as part of your health program.

**Your CURRENT health:**

Please describe the reason for your initial visit:

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**Are you currently experiencing...?**

Any digestive issues? Constipation/Diarrhea/Gas?

Known Food Allergies or Sensitivities? Please explain:

Do you take any additional supplements? If so, please list what, frequency of use & dosage.

**Do you consume alcohol?**

If Yes, please describe specific preferred alcoholic beverages & frequency & amount of consumption.  
(No judgement, just need the facts 😊 )

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**Do you crave sugar, coffee, cigarettes, or have any major addictions?**

Please identify frequency & amount of consumption. (No judgement, just need the facts 😊 )

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**Current Nutritional Trends:**

What types of foods are you currently incorporating ?

Breakfast:

Lunch:

Dinner:

Snacks:

How much WATER would you estimate you consume on a daily basis?

Please identify the estimated number of ounces. \_\_\_\_\_

What % of your food is "home cooked?"

Would you say the bulk of your food comes from the \*refrigerator \*the pantry, or \*eating out?

**Current Fitness Level:**

Do you currently utilize physical fitness, or sports activities as part of your lifestyle? \_\_\_\_\_

If YES, please identify

- \* type of activity
- \* frequency of activity
- \* last date of activity
- \* any issues found during or as a result of activity

If NO, please identify why that might be and would you now consider incorporating a physical fitness program as part of your health program.

**Current Support System:**

Do you currently have family &/or friends that will support your desire to make food & lifestyle changes?

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Do you believe you will find it difficult to set appropriate boundaries with friends &/or family when it comes to implementing these lifestyle changes?

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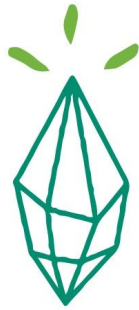
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**Long Term Goals:**

What is the GOAL you would like to set for your health journey?

What might be the long term benefits of achieving your goal?

**Is there anything you would like to add as part of this consultation?**



## Integrative Nutritional Counseling Client Agreement

- **Initial Nutritional Consultation (90 min)**

***original \$120 - NOW \$65***

This session will allow me to gather a stronger understanding of your health concerns. Post Initial consultation you will ...

- receive a synopsis of our discussion, along with a list of your identified goals
- depending on your individualized program you may receive assignments/challenges

- **Continued Nutritional Counseling Sessions (60 min)**

***originally \$65/session - NOW \$40/session***

The Accountability calls are designed to help further provide education, guidance, accountability & assist the client to stay focused on the end goal. It also allows the Health Coach to see how the client's home/work environment might change on a weekly basis & will allow the Health Coach to provide tools which the client can utilize to overcome obstacles they might encounter throughout their health journey.

**Payment:**

The client understands that the cost of the 8 week program is as follows:

\$65.00/initial consultation

\$40.00 per 60 min counseling session

**Estimated total cost = \$40/week x 8 weeks = \$320 + \$65 initial consult = \$385**

- *subject to change if the client wishes to add additional sessions -*

The client may choose to split the cost of the Total Program into 2 payments of \$192.50. The first payment would be due at the Initial consultation & the second payment would be due exactly 4 weeks after initial payment. In the event of the client's absence or withdrawal, for ANY reason, the client will remain responsible for the pro rata share of the program.

### ***Cancellations & Refunds:***

The Coach reserves the right to cancel the program if at any point they feel it is not advantageous for the coaching program to continue. If this happens the Client is only responsible for the pro rata share of coaching services received.

Note: The rates listed are special pricing due to COVID-19. Original cost of this type of program would= \$640.00 for Initial Consultation + 1 (60 min session)/week for 8 weeks.

Your adjusted pricing = \$255.00 savings

### ***Disclaimers***

The client understands that the role of the Health Coach is NOT to prescribe or assess micro- and macronutrient levels; provide health care, medical or nutrition therapy services; or to diagnose, treat or cure any disease, condition or other physical or mental ailment of the human body.

The Coach is a mentor and guide who has been trained in holistic health coaching to help clients reach their own health goals by helping clients devise and implement positive, sustainable lifestyle changes.

The Client understands that the Coach is not acting in the capacity of a doctor, license dietician-nutritionist, psychologist or other licensed or registered professional, and that any advice given by the Coach is NOT meant to take the place of advice by these professionals.

If the Client is under the care of a healthcare professional or currently uses prescription medications, the Client should discuss any dietary changes or potential dietary supplements use with his/her doctor and should not discontinue any prescription medications without first consulting his/her doctor.

The Client has chosen to work with the Coach and understands that the information received should not be seen as medical or nursing advice and is not meant to take the place of seeing licensed health professionals.

#### **Personal Responsibility and Release of Health Care Related Claims**

The Client acknowledges that the Client takes full responsibility for the Client's life and well-being, as well as the lives and well-being of the Client's family and children (where applicable), and all decisions made during and after this program.

The Client expressly assumes the risks of the 8 week program, including the risks of trying new foods or supplements and the risks inherent in making lifestyle changes.

The Client releases the Coach from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which the Client ever had now has or will have in the future against the Coach, arising from the Client's past or future participation in, or otherwise with respect to, The 8 week program, unless arising from the gross negligence of the Coach.



**Confidentiality:**

The Coach will keep the Client's information private, and will not share the Client's information to any third party unless compelled to do so by law, or specifically requested by the client.

X\_\_\_\_\_
date\_\_\_\_\_

**Arbitration, Choice of Law & Limited Remedies**

In the event that there ever arises a dispute between Coach and Client with respect to the services provided pursuant to this agreement or otherwise pertaining to the relationship between the parties, the parties agree to submit to binding arbitration before the American Arbitration Association (Commercial Arbitration and Mediation Center for the Americas Mediation and Arbitration Rules).

Any judgement on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Such arbitration shall be conducted by a single arbitrator. The sole remedy that can be awarded to the Client in the event that an award is granted in arbitration is refund of the Program Fee. Without limiting the generality of the foregoing, no award of consequential or other damages, unless specifically set forth herein, may be granted to the Client.

This agreement shall be construed according to the laws of the State of Texas. In the event that any provision of this Agreement is deemed unenforceable, the remaining portions of the Agreement shall be severed and remain in full force.

If the terms of this Agreement are acceptable, please sign in acceptance below. By doing so, the Client acknowledges that: (1) he/she has received a copy of this letter agreement; (2) he/she has had an opportunity to discuss the contents with the Coach and, if desired, to have it reviewed by an attorney; and (3) the client understands, accepts and agrees to abide by the terms hereof.

**(Client Signature)**\_\_\_\_\_

Date\_\_\_\_\_

(Coach's Signature) \_\_\_\_\_ Date

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