



Welcome to The Nutrition Chef Meal Program & Holistic Health Care

A little about our nutrition specialist Alexander Fioroni:

[The Nutrition Chef, Private Executive Chef & Specialized Nutrition Expert](#)

With Over 15 years of culinary and nutrition experience, Alex Fioroni has created one of the original private meal services of its kind here in San Diego delivering organic, non-gmo, custom calorie meals on the go! A Canadian Native and avid researcher of the best nutrition information mixed with the latest culinary skills, he was the first true hybrid of cooking and nutrition of its kind. Working with professional athletes, celebrities, doctors, and all families and people desiring to look, feel and perform their best through proper health and nutrition. As an active Entrepreneur and Philanthropist, his goal is to change the way our general public view food and their personal health. Going ORGANIC, and NON GMO are two key passions he teaches everyday. He believes in giving back to his community, and to help and heal people with the POWER of food.

To date Alex Fioroni has helped raise close to 100,000 throughout San Diego by donating his time, his meal delivery service, and his unique private Chef dinners, as well as having Sponsored many Local Charity Golf events!! As seen on FOX News, KUSI, UTtv, Healthy Power TV, and in numerous gifting suites in Beverly Hills, benefiting and supporting ECO Friendly organizations for The Emmy's, and Grammys!

His Signature name "The Nutrition Chef" says its all!!

Alex's educational background is unique. Studying kinesiology in Ontario, then in Calgary studying Holistic Science including herbology, wellness, self healing, meditation, then to Vancouver where he studied Exercise Science and Sport Nutrition later to get a Nutrition Specialist Degree in San Diego. He is the founder and President for The Nutrition Chef. For over 15 years of being in the industry of fitness and nutrition, Alex has not only studied the natural functions of the human body, but has applied the same science to his own line of products and meal service plans. Through constant research and development, he has discovered natural ways to helping people achieve their goals for total health and fitness. He sponsors and teaches male and female athletes and has assisted many individuals that are tired of the quick fix and want to really change their lifestyle. His techniques are very scientific and exact. His experience is renowned and his expertise is one that will get you to your goals. Alex prides himself in making YOUR GOALS HIS GOALS.

The Nutrition Chef™ combines aspects of the numerous disciplines to provide you with a more personalized rounded holistic approach to fitness and nutrition.

What to expect today

Our Client Admittance Forms Are Very Important

It is said that 80% of a diagnosis is a good history. Please try to be as complete as possible. Certain aspects of this form may not seem to be related to your main complaint, but all of the information is important. With this information we will be able to obtain a complete picture of your current health status and can then make appropriate recommendations and your finished booklet will become a lot more personalized.

Body Fat Testing and Nutritional Assessment

Once you have filled out this form, next you will decide what type of book you would like us to make. Then we will perform Partial Infrared Analysis, skinfold testing, and muscle measurement. We will also ask questions about your specific complaints and together you can further your request to finalize a personalized booklet filled with nutritional information, foods to avoid, acceptable foods for your body type, cleansing, live juicing, herbs, motivational calendars, meal plans with personalized recipes, calorie charts, grocery lists, and fitness guide. All books are personalized to your Basal Metabolic Rate, fitness goal, and holistic health goal.

Client Admittance Form

The Nutrition Chef™

Holistic Science and Sport Nutritionist Meal Program

Name: _____
(family) (first) (initial)

Male Date of Birth: _____ Height: _____

Female Age : _____ Weight: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: Home _____ Business: _____

Email Address: _____ Cell: _____

Occupation: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Student:

Full Time or Part Time

What is your primary reason for coming to The Nutrition Chef today, and what to you hope to achieve?

Have you seen any other sport nutritionist or nutritional practitioner?

Yes

No

If Yes.... what is the name of the nutritionist? When and what type of service did you receive?

Whom can we thank for referring you to us? _____

Date: _____

Signature: _____

Family History

- Arthritis
- High Blood Pressure
- Heart Attack
- Stroke
- Vascular Problems
- Genetic Problems
- Cancer
- Diabetes

Do you have any other health problem you would like to mention?

Do you have any foods that you're allergic to? If yes, please list them.

List any foods that you don't like or refuse to eat.

What is your fitness goal?

Environmental Assessment

Using the response key, please code your “yes” responses as specifically as you can in the spaces provided, and rate the response as mild, moderate, or severe.

Example

Yes No Don't Know

Are you very sensitive to fragrances, exhaust fumes, or strong odors?

Response(s) Perfume B,E,H ___mild___moderate___severe
Solvents K,L ___mild___moderate___severe

Response: Yes No Don't Know

1. Do you have an adverse gastrointestinal or nervous system reaction when you consume foods containing monosodium glutamate MSG? (This ingredient is often used in Chinese restaurants.)

Response(s) ___mild___moderate___severe

2. Do you have a strongly adverse nervous system or allergic reaction when you consume sulfite-containing foods such as wine, dried fruit, salad bar vegetables, etc.?

Response(s) ___mild___moderate___severe

3. Do you have any strongly negative reactions when you consume foods or beverages containing caffeine?

Response(s) ___mild___moderate___severe

4. Do you tend to feel “wired” after consuming caffeine?

Response(s) ___mild___moderate___severe

5. Does caffeine trigger blood sugar imbalance (hypoglycemic) symptoms?

Response(s) ___mild___moderate___severe

6. Do you have a reaction when you consume foods/beverages containing the preservatives sodium benzoate or potassium benzoate? (This preservative is often found in diet soda or boxed/bottled juices.)

Response(s) ___mild___moderate___severe

7. Do you feel ill after consuming small amounts of alcohol? Yes No

If yes, please describe.

How many drinks of alcohol per week do you consume?

8. Do you have a personal family history of:
- a. Estrogen-related breast cancer
 - b. Smoking-induced lung cancer
 - c. Other type of cancer (Please specify type if yes)
 - d. Prostate problems
 - e. Food allergies, sensitivities, or intolerance's
 - f. Environmental sensitivities
 - g. Parkinson's, Alzheimer's, or other motoneuron diseases
 - h. Asthma
 - i. Lupus, rheumatoid arthritis, multiple sclerosis, ankylosing spondilitis, or other autoimmune diseases.

9. a. Do you habitually consume grapefruit?

Response: Yes No

If yes, do you consume juice or whole fruit?
How regularly do you consume grapefruit?

- b. Do you feel poorly after you consuming it?

Response: Yes No

- c. Do you tolerate orange or other citrus foods well?

Response: Yes No

10. Do you feel ill after eating food with onion and/or garlic in them?

Response(s) ___mild___ moderate ___severe
 ___mild___ moderate ___severe

11. Do you currently or have you recently used tobacco products?

Response: Yes No

If yes, what type and how much do you use daily?

12. What is your blood type?

A B AB O Don't Know

HEALTH AND FITNESS HISTORY

Are you presently involved in a regular exercise program? If yes, please list activity, duration, and frequency:

Activity: _____ Duration _____ Frequency: _____

Activity: _____ Duration _____ Frequency: _____

Activity: _____ Duration _____ Frequency: _____

Activity: _____ Duration _____ Frequency: _____

Activity: _____ Duration _____ Frequency: _____

1. How many glasses of water do you drink a day? _____
2. How many meals do you eat in a day? 1__ 2__ 3__ 4__ 5__ 6__ 7__
3. Do you eat 5-6 servings from the total combination of either fruit or vegetables each day? Yes__ No__
4. Do you eat 6-9 servings from the bread and cereal group each day? Yes__ No__
5. Do you eat 1-2 servings of unsaturated essential fatty-acids a day? Yes__ No__ if no where do you get your source of fat from _____.
6. How often do you eat in restaurants? 5-7 days/week__ 2-4 days/week__ 0-1 days/week__
7. Do you often skip meals? YES__ NO__ SOMETIMES__
8. What is your eating pace? SLOW__ MODERATE__ FAST__
9. When shopping for foods, what do you typically choose?
___ Regular commercial foods
___ Fat or calorie reduced foods
___ Whole and fresh foods
10. How active do you consider yourself? (please circle)
Sedentary Lightly Active Moderately Active Highly Active
11. How would you describe your nutrition habits?
Good Fair Poor
12. How would you characterize your life?
Highly Stressful Moderately Stressful Low in Stress

(FOR ALEX TO FILL OUT)

Determining Your Caloric Intake (BMR)

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Name: _____ Weight: _____ lbs

Initial BMR= **weight** _____ x **AL** _____ = _____ Initial BMR

1. Do you drink alcohol on a regular basis yes no (if yes minus another 150 calories off Initial BMR)

PLEASE ONLY CHECK ONE BOX

Activity level (AL)

- 5-highly active (14)
- 4-moderately active (13)
- 3-lightly active (12)
- 2-very lightly active (11)
- 1-sedentary (10)

Intensity level

- 5-highly intense
- 4-moderately intense-minus 100
- 3-lightly intense-minus 150
- 2-very lightly intense-minus 200
- 1-no intensity-minus 250

Female/Age

- 15-21-add 100
- 21-30-minus 25
- 31-50-minus 50
- 51-61-minus 100
- 61 and up-minus 150

Male/Age

- 15-21-add 200
- 21-30
- 31-50-minus 50
- 51-61-minus 150
- 61 and up-minus 200

2. Physical goal: weight loss (minus 200) muscle gain (add 250) training for sport (add 500) maintain weight & increase lifestyle quality

3. If you checked weight loss; have you been struggling to lose weight for more than 2 years: yes no (if yes minus another 100 calories)

4. How would you classify your eating habits:

great eating habits good eating habits (minus 50) average eating habits (minus 75) poor eating habits (minus 100)

Take your **Initial BMR** minus 150 if you check yes to #1

1. minus your age answer
2. minus intensity answer
3. minus or plus your physical goal answer
4. minus 100 if you checked yes to #3
5. minus your eating habits answer

Final BMR: _____ calories/day

DIVIDE BY 4 or 5

_____ calories/meal round to the nearest meal size (300, 500)

Client Statistical Information (For Alex To FILL OUT)

NAME: _____ AGE: _____ HEIGHT(FEET) _____ M/F _____

RESTING HEART RATE (BPM): _____

MAXIMUM WORKOUT HEART RATE: _____ X _____ %= _____ (BPM)

TIME OF TEST: _____ TEST #: _____ X _____ %= _____ (BPM)

| MEASUREMENTS | INCHES | MEASUREMENTS | INCHES |
|-------------------|--------|--------------|--------|
| SHOULDERS | | RIGHT THIGH | |
| CHEST | | LEFT THIGH | |
| RIGHT ARM-relaxed | | RIGHT CALF | |
| RIGHT ARM-flexed | | LEFT CALF | |
| LEFT ARM-relaxed | | | |
| LEFT ARM-flexed | | | |
| WAIST | | | |
| HIPS | | | |

MEASUREMENT DATE: _____ NEXT MEASUREMENT DATE: _____

| Body-fat measurement- Females-fitness zone | MM | Body-fat measurements-Males-fitness zone | MM |
|--|----|--|----|
| TRICEPS-RIGHT | | CHEST | |
| | | STOMACH | |
| ILIAC CREST-RIGHT | | THIGH-RIGHT | |
| | | | |
| THIGH-RIGHT | | | |
| | | | |
| TOTAL PERCENTAGE | | TOTAL PERCENTAGE | |

CURRENT ZONE: _____ GOAL ZONE: _____

BIOELECTRICAL ANALYSIS: _____ % Bicep Area # _____ WEIGHT: _____ LBS.

Amount of Lean Muscle: _____ lbs.

Amount of Excess Body-Fat: _____ lbs.

Goal Weight: _____ lbs. Goal Body-fat: _____ %

The Nutrition Chef

Informed Consent to Nutritional Advice, Adjustments And Procedures

Nutrition Advice, Adjustments, and Procedures

I hereby request and consent to the performance of nutritional advice, adjustments and other nutritional procedures, including various testing, if necessary, body fat analysis on me by The Nutrition Chef Also including all designed meal plans, cooking services, essential energy loaf, high performance cookie, cleansing, and any other information provided by The Nutrition Chef I have had an opportunity to discuss with The Nutrition Chef, the nature and purpose of nutritional adjustments and other procedures. I understand that results are not guaranteed.

I further understand and am informed that, as in all health care, in the practice of nutrition, there are some risks (only during a cleanse), including, lethargy, fatigue, body odor, dry, scaly skin; skin eruptions; headaches; dizziness; irritability; anxiety; confusion; nausea; coughing; diarrhea; dark urine; dark foul smelling stools; body aches; insomnia; sinus and bronchial mucus discharge. These problems are not serious, and will pass quickly. I do not expect The Nutrition Chef to be able to anticipate and explain all risks, and complications and I wish to rely on The Nutrition Chef to exercise judgment during the course of the procedure, based upon the facts then known, is in my best interests.

Appropriate tests will be performed on you to minimize all risks. Holistic science is considered to be one of the safest and most effective forms of therapy. If you have any questions about this, please ask The Nutrition Chef I intend this consent for nutritional advice, adjustments, and procedures to cover the entire course of nutritional advice, adjustments, and procedures for my present condition and for any conditions for which I may seek additional nutritional advice, adjustments, and procedures.

I have read and understand the above statements, and consent to nutritional advice, adjustments, and procedures.

Signature of client or their parent or guardian

Date

Witness

Date

Nutritional Supplements,

The Nutrition Chef treats the client without the use of surgery or drugs. **It is important for you to understand that we at The Nutrition Chef are making a RECOMMENDATION for nutritional support, we are NOT PRESCRIBING them. We are not using nutritional or homeopathic supplements to treat any particular condition but are using them to help you achieve your level of optimum health and fitness.** We also make no claims as to the products effectiveness, or give guarantees.

I intend this consent to cover the entire course of nutritional advice, adjustments, and procedures for my present condition and for any conditions for which I may seek nutritional advice, adjustments, and procedures.

I have read and understood the above statements.

Signature of client or their parent or guardian

Date