



Consultation Forms

IT'S TIME TO DITCH THE DIET!

With the help of a St. Andrew's Family Fitness Plus Nutrition Coach, you will learn how to transform your relationship with food, exercise, and your body **WITHOUT** going on a diet!

The process is based on forming and following daily habits that lead to achieving your long-term food, exercise, and body goals. Your coach will help you plan out your goals and the habits that will be most supportive during weekly goal-setting sessions. This is a research-backed approach to maximize your body and nutrition satisfaction! As a SAFFP Nourish Client, you may experience the following:

- ☐ Greater body appreciation and satisfaction.
- □ Increased satisfaction from food.
- □ Decrease in blood pressure, A1C levels, and cholesterol
- Greater motivation to exercise.

READY TO GET STARTED?

Please read through, and fill out, the following pages of this packet and return them to your Nourish Coach on your consultation date

HEALTH FORM

List all allergies to drugs, food, and/or other substances:

Are you currently taking any medications? (Check all that apply)

Muscle Relaxants	Blood pressure medication
Anti-inflammatory medications	Birth control medication
Narcotics for pain	Thyroid medications
Heart medications	Stroke prevention medications
Aspirin, Excedrin, Nuprin, Anacin	Stomach antacid medications
Advil, Motrin, Tylenol, Bufferin	Mental Health Medications

My medications are not listed. This is what I am taking:

I am not currently taking any medications _____

NUTRITION SURVEY

Answer Yes or No to the following questions. There are no right or wrong answers.

- 1. I try to avoid foods high in fat, carbs, sugar, or calories _____
- I get mad at myself for eating something I think is unhealthy _____
- 3. I follow rules that dictate what/when/how much to eat _____
- 4. I eat when I'm feeling:
 - a. Emotional (anxious, depressed, sad...)
 - b. Lonely _____
 - c. Bored _____
 - d. Stressed out _____
- 5. I use food to help me soothe negative emotions _____
- 6. I can't tell when I'm slightly hungry _____
- 7. I can't tell when I'm slightly full _____
- 8. Most of the time, I don't want to eat nutritious foods _____
- 9. I don't often eat foods that make my body feel good _____
- 10. I don't often eat foods that give my body energy and stamina _____
- 11. I am concerned about being or becoming overweight _____
- 12. I am preoccupied with a desire to be thinner _____
- 13. I weigh myself more than once per week _____
- 14. I am preoccupied with the thought of having fat on my body _____
- 15. if I got on the scale tomorrow and gained more than 2 pounds, I would panic _____