Ruth Ruckle CPC

Nutrition Coaching

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_\_ Sex \_\_\_ Weight \_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_

Amount Overweight/ Underweight \_\_\_\_\_\_\_

Has your weight changed in the last year? \_\_\_\_\_\_\_

Do you wish to consult: (check one)

\_\_\_\_\_ Nutrition Consultation

\_\_\_\_\_ Nutrition Consultation with Coaching

\_\_\_\_\_ Nutrition Consultation with Coaching and Individualized Nutrition Plan

\_\_\_\_\_ Recovery Nutrition Coaching and Planning

Do you feel you are basically healthy? \_\_\_\_\_\_\_

What are your primary health concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sedentary or active most of the day? \_\_\_\_\_\_\_

Do you exercise? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Do you Smoke? \_\_\_\_\_ If yes, how much per day? \_\_\_\_\_ Start year \_\_\_\_\_

Do you use caffeine? \_\_\_\_\_ If yes, how much per day? \_\_\_\_\_

Do you use alcohol? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Do you use recreational drugs? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Are you currently in recovery/ treatment? \_\_\_\_\_

Do you need information for recovery/ treatment? \_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there foods that disagree with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there foods you dislike? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Type, if known \_\_\_\_\_\_\_\_\_

Current Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Supplements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your primary health goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Circle any that apply –

Acne

ADD/ADHD

Anxiety

Addiction

Anemia

Bloating/ Gas

Arthritis

Blood Sugar Problems

Chronic Fatigue

Candida

Constipation

Crohns

Cold sores

Diabetes (Insulin Dependent)

Diabetes II

Depression

Hemorrhoids

Heartburn

Hepatitis

High Blood Pressure

High Cholesterol

HIV

IBS

Insomnia

Loose Stools

Low Blood Pressure

Painful Joints

Panic Attacks

Pregnant/ Nursing

Severe Mood Swings

Ulcerative Colitis

Women

PMS

Irregular Periods

Painful Menstrual Cramps

Birth Control Pills

Low or Decreased Libido

Miscarriage

Men

Frequent Urination

Difficulty Urinating

Burning upon Urination

Low or Decreased Libido

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nutrition Health Consultation

Agreement and Understanding Prior to Consultation

**Prior to retaining services from Ruth Ruckle I clearly understand the following:**

**I understand that Ruth Ruckle is not providing medical services. I will not consider anything she says to substitute in any way for consultation, diagnosis, and treatment by a licensed primary health care provider, such as an M.D.**

**Ruth Ruckle is not a licensed medical doctor (M.D.), licensed primary health care provider or psychiatrist. She does not diagnose, prescribe, or treat symptom, defect, injury, or disease.**

**This appointment is for coaching and educational purposes only. If I want medical advice or treatment, Ruth Ruckle encourages me to consult with a licensed medical doctor, primary health care provider or psychiatrist.**

**I consult with Ruth Ruckle in her capacity as a professional life coach who conveys self-help information that people can use to increase their own health and well-being. I affirm my right to self-health and I take full responsibility for my healing process.**

**\*All cancelled appointments require 24 notice to avoid a $25 cancellation fee.**

**I understand that all information shared is confidential and will not be released without my consent.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State:\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ruth Ruckle CPC

Certified Professional Coach

Telephone

(619) 363-2666