



Pre - Consultation Package

By Matthew Koontz, Nutrition Consultant and Certified Clinical Herbalist

LIFESTYLES IN NUTRITION

Introduction

Optimal health can be difficult to obtain in today's environment. Even when we read articles online and pay attention to new health trends we still don't get the results we're looking for. Many people find themselves asking "why isn't this working" and "how do I find what will work for me without buying into so many businesses." These people need a plan that addresses their biochemical individuality, a lifestyle in nutrition that is maintainable and unique to them.

I look at the whole person to determine where the biochemical dysfunction is occurring. The body may be separated into systems when we talk about anatomy, but the physiology of these systems are integrated. So when one system isn't working properly other systems aren't working properly. By evaluating the body as a whole instead of seeing a variety of specialists one can find the core issues that have lead to biological dysfunction.

We will work through the symptoms until we find the core issue. Then we will use dietary & lifestyles changes, supplementation, and optional herbal medicine plans to guide you to your health goals. So get ready, be curious about your health, step out of your comfort box and find relief in the changes you make.

This introduction packet has everything you need to fill out before our first consultation. Inside this pre-consultation package you will find:

- 1 Intake Form
- 1 Limit of Service Disclosure
- 7 days of the Diet and Activity Journal with an important Introduction

Please fill out these forms and bring them to our first session. The Diet and Activity Journal comes with an Introduction page to describe how to fill it out. The main idea is to provide as much information as possible, especially if you've asked for a digital analysis of the diet to see how much carbohydrate, protein, fat, vitamins, and minerals, as well as how many calories, that you're consuming.

What to Expect in One-on-One Sessions

The key to making lasting changes is education so each session you'll learn more about health and your body so that the changes we decide to make are clearly related to your ultimate goals. After each session, you will leave with goals that we design together. Weekly goals that target your health concerns, that are attainable & challenging, and will take you a step closer to your big picture goals. Then we will talk about your success and improvements as well as the barriers that might have gotten in the way of further improvement. After each session, I will send you an email summarizing our session together. It will summarize what we talked about, your goals, and the topic for next week. It will also provide a detailed description of the supplements you might benefit from. I may give you questionnaires to help indicate problem areas and pinpoint our focus. As always, if you have any questions, I'll be happy to answer them and debunk the myths that have gotten in the way.

LIMIT OF SERVICES DISCLOSURE

Welcome to my practice. As you may know, I am an alternative healthcare practitioner specializing in nutrition and herbalism. I am not a licensed physician, nor are nutrition and herbal consultation services licensed by the State of Colorado. Any changes in medical protocols should be approved by your doctor.

The idea behind my consultations is that:

When food is properly grown and prepared and Vitalist herbal medicine is properly utilized, nutrients found in foods and herbs can be supportive of health, enhancing the quality of life and well-being.

As a nutrition consultant and herbalist, I will provide you with the following kinds of services:

- Diet and nutrition evaluation
- Individualized dietary and vitalist guidance appropriate to your lifestyle and environment
- Education and research on your health concerns
- Herbal formulations in accordance with your physiological state and medications (it is important to share all your medications whether prescribed, over the counter, or recreational.)
- Health support that is complementary to that provided by licensed professionals

My training and education includes:

- Bauman College, Nutrition Consultant Program (2015) - 700 hours
- Colorado School of Clinical Herbalism, Fundamentals and Advanced Programs (2016) - 870 hours
- Continuing education in nutrition and herbalism (provided upon request)

I am a member of the National Association of Nutrition Professionals (www.NANP.org) and American Herbalist Guild (www.AmericanHerbalistGuild.com). These organization sets standards, ethics and scope of practice guidelines for nutritionist professionals and herbalists.

In order to use my services, Colorado state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy. I will keep the original in my records for at least three (3) years. My services in nutrition consultation are alternative or complementary to healing arts that are licensed by the State of Colorado. Herbalists in Colorado are prohibited from dispensing medical protocols to pregnant women and clients diagnosed with cancer. For these cases non-medical care will be provided. Liability insurance information is available upon request.

If you ever have any concerns about the nature of my services, our work together, or any adverse effects from foods or herbs, please contact me right away by phone or email. I recommend that you inform your medical doctor that you are receiving nutrition consulting services and that I can coordinate with them.

Acknowledgement and Consent to Receive Services:

I have read and understand the above disclosure about the health services offered by Matthew Koontz's training and education. I have discussed with Matthew Koontz the nature of the services to be provided. I understand that Matthew Koontz is not a licensed physician and that nutrition services and herbalism are not licensed by the State. I understand it is my responsibility to maintain a relationship for myself/my child with a medical doctor or licensed health care provider. I have consented to use the services offered by Matthew Koontz, and agree to be personally responsible for the fees in connection with the services provided to me, paying upon services rendered and will provide at least a 24-hour notice if an appointment must be missed or rescheduled. I will pay ¼ the fee when cancelling appointments within 24 hours without an emergency. I am here as an individual on my own behalf.

Client/Parent/Guardian Name (printed):

Signed: Date:

Clinician Signature: Date:

LIFESTYLES IN NUTRITION

Intake Form

Name: _____ Referred By: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (day) _____ (night) _____ Email: _____ Sex: _____

Height: _____ Weight: _____ Birthdate: _____ Todays Date: _____

Family/Living Situation/Children and Ages: _____

Occupation/Work Life: _____

Exercise/Recreation: _____

Health Concerns/Health Goals:

Circle symptoms that you experience currently or often.

- | | | | | |
|-----------------|------------------|------------------|---------------------|--------------------|
| Fatigue | Brain Fog | Dizziness | Food Allergies | Hypoglycemia |
| Insomnia | Muscle Pain | Bloating | Sugar Cravings | Slow metabolism |
| Depression | Headaches | Lack of Appetite | ↑ Blood Pressure | Binge Eating |
| Lack of Energy | Poor Memory | Diarrhea | Stiff Joints | Inflammation |
| Joint Pain | Excess Hair Loss | Asthma | Receding Gums | Frequent Urination |
| Irritable Bowel | Constipation | Eczema | Brittle Fingernails | Bladder Infection |
| ↓ Libido | Sluggishness | Skin Infection | Seasonal Allergies | Anxiety |
| ↓ Bone Density | ↓ Muscle Mass | Gas | ↑ Cholesterol | |
| Weakness | Stress | Indigestion | ↑ Triglycerides | |

What brings you in today? What are your health concerns/Goals? _____

How have you addressed or dealt with these concerns (doctors, self-care)? -----

What other health practitioners are you currently seeing (name, specialty, phone #)? -----

Please list your current and past medical diagnoses/injuries/surgeries: -----

What prescribed and over the counter medications are you currently taking or occasionally take? Dose/
Frequency? -----

What supplements, herbs, and recreational drugs are you currently taking or occasionally take? Dose/
Frequency? -----

Please describe your family health history: -----

Dietary Habits and Choices:

Describe your diet at the onset of your health problem:

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.....

List any diets you have tried or are currently trying and what foods you avoid:

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.....
.....

Number of meals cooked/prepared at home each week:

Number of Breakfasts eaten per week: Meals per Day: Snacks:

Cups of Coffee per day: Soda: Water:

What were your diet and family eating habits like growing up?

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.....

Describe the foods you head for (comfort foods) when you feel:

1. Hungry:

2. Angry:

3. Lonely:

4. Tired:

5. Depressed:

6. Celebrating:

7. Bored:

How are your mood and energy level affected by eating these foods (nourished or numbing)?

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.....

Health Hazards:

List your known allergies/sensitivities to foods, medications, animals/pets, plants/seasonal:

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.....

Does stress make your condition worse? List your stressors and how you react to them:

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.....
.....

Are you sensitive to or have had a long term or high exposure to chemicals? (examples: tap water, air pollution, job and home exposures, scents from candles/air fresheners, cosmetics, food and chemical residues, *Nutrasweet*[®], and medicines like aspirin, birth control, etc.):

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Have you had periods of eating junk food, binge eating, or dieting? What Foods? What diets?

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Does past trauma affect your diet and health habits? What re-stimulates those feelings?

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.....

Do you think the above Health Hazards are related to your health issues?

.....

Lifestyle Patterns:

On a scale of 1-10, 1 being the worst and 10 being the best, describe your usual level of energy.

(circle one): 1 2 3 4 5 6 7 8 9 10

How is your sleep? Can you get to sleep easily? Can you stay asleep?

.....
.....

How are your moods in general? Do you experience more than you would like of anxiety, depression, or anger?

List any bowel and gut issues. Cramping? Bloating? Constipation/Diarrhea? Regular Bowel Movements?

Women's Specific Health and Men's Specific Health

For Women:

How are/were your cycles? Do/did you have PMS or painful periods?

Are you experiencing menopausal symptoms? Brain fog and poor memory?

Please list any women's health related issues that you would like more information on:

For Men:

How well does your body build muscle? Is it difficult to control your body fat?

Have you talked to your doctor about low T therapy or thought about using it for yourself?

Please list any men's health related issues that you would like more information on:

Introduction to Diet and Activity Journal

Before starting any form of nutrition counseling or education, I would like to get a picture of your current nutrition choices, habits, and lifestyle. These include what you eat, when and how much you eat, the amount of water and alcohol you drink, as well as any medication, vitamin, mineral, or herbal product that you take. A food journal will provide a lifestyle baseline to the program that we can reference when developing new behaviors and habits.

Choose a time when you can diligently record your information for five days including Saturday and Sunday. I would like to see what your typical week and weekend looks like so that we can pinpoint behaviors that might prevent you from reaching your health goals. Please record every dietary or supplementary input as well as how much of each to gain the most out of your food journal and. This includes drinks like coffee or tea. Try to keep the information as accurate and detailed as you are reasonably able. With this detailed information about your current lifestyle and habits, we can develop a more suitable plan for you to reach your health goals.

The journal includes a few categories and below, you can find an outline of the information you should include for each category. Make entries in line with the time of consumption.

Feelings/Energy Level Before Meal/Snack: Thinking about how you feel or if you have low energy before you eat will likely be new to you. Pay attention to if you feel angry/frustrated, sad/lonely, or bored before you eat or how hungry you feel and what you're craving. Then pay attention to your energy level. Are you exhausted, drained, and too tired to prepare food or are you energetic and on the go. Fill this section out in a way that makes sense to you and do your best with this new aspect of eating.

Food Amount and Type: Write in every meal, snack, or treat you eat. Don't forget to include your best guess on how much of each food/drink. You can record amounts like this: 1/2 cup of rice, 1 chicken leg, 1 large baked potato w/sour cream. Please note where the food came from if it is a product of a large business or restaurant (for example, Wendy's cheeseburger or spaghetti with meatballs LeanCuisine frozen dinner) or the brand of the food if store bought. The more detailed as time allows you to be, the more information we will get. As mentioned before, this category includes non-foods like gum and breath mints.

Liquid Amount and Type: Record the amount of water, tea, coffee, alcohol, and all other liquids you drink throughout the day. Try your best to record an amount of liquid and where the drink came from if it's specific to a business (for example, 1 Starbucks latte).

Length of Meal/Snack: Keep track of how much time you spend eating. How much time passes from the start of your meal/snack to the end.

Supplement, Medication, and Dose: Write down what medication you're taking and when. Include supplements, like vitamins and minerals, that you take as well.

Feelings/Energy Level After Meal/Snack: After your meal, pay attention to your feelings and energy level again. See if you feel no different than before your meal/snack.

Below the nutrition section is the activity and exercise section. Log in any active time or exercise for that day including the length of activity, with whom you are exercising with, and how you feel before and after you exercise. This could be walking around the block, swimming, lifting weights, hiking, playing sports, or anything else active. Additionally, write in when you woke up and when you went to bed. If you wake up multiple times in the night just mark the time you woke up and stayed awake. This does not include naps.

Remember that for five days you must keep track of every bit of food, drink, supplement, and medication consumed as well as exercise. This may be easiest if you bring your journal with you throughout the day. The sooner you can record the information after consumption, the more accurate it will be. For some, keeping track of your diet in a small notepad will feel more comfortable and discrete; then one can copy the information into the provided food journal later in the day. If this is the case, remember what details to record. Behave how you typically would behave, not how you think you should, and don't leave anything out. The more you and I know about your lifestyle, the easier it will be to guide you towards reaching your health goals.

If you have any questions about the food journal or otherwise, please contact me and I will answer your questions.

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Diet and Activity Journal

Nutrition

Name: _____ Date: _____

Time	Feelings/ Energy Before Meal/Snack	Food Amount and Type	Liquid Amount and Type	Length of Meal/ Snack	Where & with Whom	Supplement, Medication, and Dose	Feelings/Energy After Meal/Snack

Activity and Exercise

Wake Time: _____ Bedtime: _____

Time	Feelings/Energy Before Activity	Type of Activity	Length of Activity	Where & with Whom	Feelings/Energy After Activity

LIFESTYLES IN NUTRITION

Diet and Activity Journal

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