



Nutrition
the Natural Way

~ New Client Welcome Packet ~

Please email completed paperwork 48 hours prior to Nutrition & Wellness Audit Session
~ Please fill out as accurately as possible. All information is strictly confidential ~

| | | | | | |
|--------------------------------------|-------------|------------------------|---|-----------------|--|
| Name: | | | | Date: | |
| Address: | | | City: | | |
| State: | | Zip: | | Country: | |
| Preferred Phone: | | 2 nd Phone: | | Fax: | |
| E-mail: | | | Communication preference: ___ Email ___ Phone | | |
| Age: | Birth date: | Sex: M F | Status: M S W D | No. Children: | |
| Occupation: | | Employer: | | Years Employed: | |
| Spouse's Name: | | Occupation: | | Employer: | |
| Person responsible for this account: | | | | Referred by: | |

List 5 health problems you have or 5 goals you'd like to achieve:

1. _____
2. _____
3. _____
4. _____
5. _____

List 5 things / programs you've tried and failed or have not given you the results you'd hoped for:

1. _____
2. _____
3. _____
4. _____
5. _____

List 5 things you're willing to do to solve you're problems / main complaints:

1. _____
2. _____
3. _____
4. _____
5. _____

How are you going to reward yourself once you achieve your goals?

~ Please fill out as accurately as possible. All information is strictly confidential ~

Weight _____ Height _____ Blood Pressure (if known) _____ % Body Fat (if known) _____

1. Are you presently taking any medications, nutritional supplements or vitamins? _____

2. Have you used birth control pills and/or antibiotics? _____ 2a. For how long? _____

3. If you have dental fillings, please list material(s) used: _____

4. Are you presently under the care of a medical doctor? ____ yes ____ no If yes, what are you being treated for? _____ May I contact your physician if necessary? ____ yes ____ no

4a. If no, when was your last physical examination? _____

5. Do you presently, or have you ever had any of these conditions? (circle)

| | | |
|----------------------------|------------------------|---------------------------------------|
| Anemia | Frequent Headaches | Skin Condition (dandruff, dry/ itchy) |
| Joint Pain/ Arthritis | Heartburn/ Indigestion | Thyroid Condition |
| Asthma | High Blood Pressure | Unexplained Weight Change |
| Chest Pains | High Cholesterol | Hormonal Imbalance... |
| Chronic Cold/ Flu Symptoms | Hypoglycemia | PMS or Menopausal Symptoms |
| Chronic Fatigue | Kidney Problems | Constipation/ Loose Stools |
| Depression | Liver Problems | |
| Diabetes | Osteoporosis | |

6. How much sleep do you get each night on average? _____

7. Do you have any food allergies, sensitivities or restrictions? _____

8. Do you smoke, drink alcohol or use recreational drugs? _____

a. How much, how often? _____

b. How often do you drink caffeinated beverages? _____

9. Please list foods you tend to overeat or crave (Sweets, breads, fatty foods, meats, milk, etc.): _____

10. What foods do you eat on a daily basis? _____

a. Do you “miss” these foods if you do not eat them? _____

11. Write briefly about your weight gain/loss history: _____

a. What do you feel triggered your weight fluctuation? (circle) heredity stress eating habits boredom

b. Was your weight gain/ loss: (circle) sudden gradual problem since childhood

12. How is your energy level? _____

a. What times of the day that you feel BEST? _____ WORST? _____

13. Are you happy in your life right now? _____

14. What are your main sources of stress? _____

15. How do you deal with your stress? _____

16. Please answer the following questions Yes or No:

- a. If I'm feeling down, a snack makes me feel better. Yes _____ No _____
- b. I sometimes have a hard time going to sleep without a bedtime snack. Yes _____ No _____
- c. I get tired and/or hungry in the mid-afternoon. Yes _____ No _____
- d. I get a sleepy, almost "drugged" feeling after eating a meal containing bread, pasta or dessert. Yes _____ No _____
- e. Now and then I think I am a secret eater. Yes _____ No _____
- f. At a restaurant, I almost always eat too much bread before the meal is served. Yes _____ No _____
- g. I have difficulty concentrating, or frequent fuzzy or spacey thinking patterns. Yes _____ No _____
- h. I experience cravings for sugar, breads, pasta and baked goods. Yes _____ No _____
- i. I feel shaky if I don't eat on time or if I don't snack. Yes _____ No _____
- j. I often find myself irritable or angry. Yes _____ No _____

17. Check off any of the following symptoms that have applied to you within the last 30 days:

- | | |
|--|--|
| _____ Do you feel nauseous? | _____ Do you have abdominal/intestinal pain? |
| _____ Do you have bloating? | _____ Do you get bloated after meals? |
| _____ Do you get heartburn? | _____ Do you have diarrhea? |
| _____ Do you have constipation? | _____ Do you travel outside of the U.S.? |
| _____ Do you have gas? | _____ Are your stools compact/hard to pass? |
| _____ Do you belch following meals? | _____ Do you have gurgles in your stomach? |
| _____ Do your bowel movements alternate between constipation and diarrhea? | |

18. In your estimation, how physically fit are you right now?

Unfit _____ Below average _____ Average _____ Above average _____ Very fit _____

19. How often do you exercise? _____ a. What is your regimen? _____

20. If you do not currently exercise, what types of exercise have you enjoyed doing in the past? _____

21. What are your fitness goals? (Check all that apply)

- | | |
|--|-------------------------------------|
| _____ General fitness endurance | _____ Muscle toning |
| _____ Weight loss/maintain weight | _____ Muscle strengthening |
| _____ Osteoporosis prevention | _____ Muscular coordination/balance |
| _____ Specific sport enhancement _____ | Other _____ |
| _____ Flexibility | _____ |

Miscellaneous:

22. Surgeries, starting with most recent: _____

23. Briefly describe where you have lived since childhood: _____

24. What is your heritage? (Irish, German, Spanish, etc.) _____

25. Were you carried "full term" in vitro? _____ If not, how prematurely were you born? _____

26. Were you Nursed or Bottle Fed? _____ If Nursed, how long? _____

27. What age were solid foods introduced to your diet? _____

**Please note that the answers to the above questions are important in relation to your current digestion. Do your best to obtain the answers from parents, siblings, family members or other care givers who are still in your life today.

Long distance clients: you're welcome to send Dani a photo of yourself (from waist up if possible) via email to: Dani@NutritiontheNaturalWay.com

What's YOUR Personality Style?

Unlike other programs out there where you have to fit into the program, THIS program is tailored to fit everything about YOU, on a very individual basis.

Everyone has different personalities as well as learning styles. We strive to present all of your results information for your program in the most effective manner for YOU so that you will achieve the BEST possible results!

Take a look at the 4 **sections** below. Simply rate each section from 1 – 4 in the order that applies to you most (as 1) down to least (as 4). ******Again, rate 1 – 4 by section, not by individual quality.**

What I value most:

| | | |
|------------|-----------------|--------------|
| -Stability | -Processes | -Rules |
| -Structure | -Predictability | -Credentials |
| -Systems | -Responsibility | -Titles |
| -Planning | -Duty | -Tradition |

What I value most:

| | | |
|--------------|--------------|--------------|
| -Freedom | -Opportunity | -Competition |
| -Flexibility | -Excitement | -Winning |
| -Spontaneity | -Attention | -Fun |
| -Action | -Stimulation | -Image |

What I value most:

| | | |
|------------------|--------------|---------------|
| -Relationships | -Teamwork | -Ethics |
| -Authenticity | -Involvement | -Harmony |
| -Personal Growth | -Community | -Morality |
| -Significance | -Charity | -Contribution |

What I value most:

| | | |
|-------------------|-------------------------|-------------------|
| -Learning | -Technology | -Expertise |
| -Intelligence | -Research & Development | |
| -Competence | -Logic | -Science |
| -Accuracy | -Self-Mastery | -Universal Truths |
| -The Big Picture! | | |

Nutrition the Natural Way
Nutrition & Wellness Audit Agreement

Date:

I _____, (hereinafter "Client") confirm I am electing to purchase an initial call with Dani Conway of Perpetual Synergy, DBA Nutrition the Natural Way, a California LLC (hereinafter "Coach"). In exchange, Coach agrees to provide the services outlined below. Client understands and agrees that Coach will utilize suitable methodologies in accordance with Client's needs, and in accordance with her training as a CHEK Holistic Lifestyle Coach, Advanced Metabolic Typing Advisor, Kalish Method Practitioner and Functional Diagnostic Nutrition Practitioner.

Payment

Client confirms the cost of this initial call is a non-refundable ninety-seven U.S. dollars (\$97), payable via Venmo, Visa or Mastercard up to 48 hours prior to the scheduled call. If Client has not completed payment up to 48 hours prior to the date and time of the scheduled call, Client understands Coach will not be able to complete the call as scheduled, and it will be rescheduled following Client's completion of payment to Coach.

Confidentiality

Coach understands she will likely learn confidential information about Client on the call, and Client understands she will learn information only shared with Coach's paying clients. This Agreement is considered a mutual non-disclosure agreement, meaning both Client and Coach agree not to disclose, reveal, or make use of any confidential information learned by either party during discussions, including but not limited to medical information, personal information, Coach's proprietary nutritional methods, and the like. Client and Coach agree that the responsibility to refrain from disclosing or sharing any and all Confidential Information learned as a result of Client working with Coach shall survive the expiration of this Agreement and Coach's services. This means Client and Coach both agree to continue to keep Confidential Information private, even after the completion of working with Coach.

Medical Disclaimer

The purpose of this initial call is to provide Client individualized nutrition and wellness next step Program items, along with recommendations for future programming specific to Client. Program and content contained within the Program is not to be considered medical advice, and nothing within the Program is intended to provide or act as a substitute for medical treatment. Coach encourages Client to consult a physician if he/she suspects he/she may benefit from such services. Coach will assume Client has previously obtained clearance and permission from their applicable personal medical physician, who has concluded that the information provided by Coach is right for them. **Nothing contained within Program is intended to diagnose, cure, treat, or prevent any medical condition or disease, nor is it to be considered medical advice in any capacity.**

Disclaimer / No Guarantees

While many of Coach's past and current clients have experienced wonderful benefits from the Program, and Coach and his/her team will act in their full capacity to ensure your success and happiness in the Program, Coach cannot guarantee results of the Program, and cannot make any representations or guarantees regarding individual results. Client will hold Coach and Program harmless if he or she does not experience the desired results. Client understands that all services provided by Coach in connection with the Program being purchased are provided on an "as is" basis, meaning it is without any guarantees, representations, or warranties, including but not limited to warranties relating to quality, non-infringement, fitness for a particular purpose, merchantability, or expectation or course of performance. Client is choosing to purchase this call and work with Coach on a purely voluntary basis and does not hold Coach or Program responsible should Client become dissatisfied with any portion of the Program. *(Continued)*

Client agrees that he/she does not have a cause of action, legal remedy, and is not entitled to a refund should he/she not achieve the results desired following completion of the program, as long as Coach delivers the Program as described in the Program Outline Addendum below, or similar substitutes, upon additional agreement by Coach and Client.

Client understands he/she is electing to have this initial call for the purpose of achieving a desired health and/or fitness goal through Coach's Program. Client confirms he/she is choosing to do so voluntarily and of his/her own free will.

Client certifies he/she has or will be evaluated by his/her personal physician and obtain medical clearance prior to beginning any fitness, exercise, diet, health or wellness-related Program with Coach. If Client elects not to obtain this medical clearance prior to beginning Program, he/she understands the potential injuries and ramifications of such actions, and agrees not to hold Coach responsible for any such injuries or negative consequences. Client understands Program may include elements of diet and exercise, which bring inherent risks of illness, injury, or other similar unanticipated consequences. Client agrees he/she is aware of and assuming these risks in order to voluntarily proceed with Coach's Program. Should any such incidents occur, Client understands it is of no fault or responsibility of Coach, and agrees Coach is not liable.

Dispute Resolution

Should a dispute arise between Coach and Client, the parties agree to attempt to resolve by good-faith negotiations and discussions. (Client agrees that failure to see results is not a basis for a "dispute" and agrees he or she does not hold Coach responsible for any specific results, or those results which have been achieved by other clients of Coach.) If unable to reach a resolution informally, Client and Coach agree that all disputes will be submitted for Arbitration by the American Arbitration Association, to be completed in Sacramento, California within a reasonable amount of time. Client and Coach agree to participate in the arbitration process in good faith and in a manner that will effectively and efficiently resolve the dispute at hand, including the exchange of any materials, documents, or information. The decision made by the arbitrator is to be final and binding on both parties, and is not to be appealed or otherwise set aside. It is to be enforceable in any court of proper jurisdiction as a judgement of law or decree.

Applicable Law

This Agreement shall be governed by and under control of the laws of California regardless of conflict of law principles, and regardless of location of Client. Client understands this and agrees that the laws of California are to be applicable here.

Signed:

Client Signature: _____

Date: _____