

Creative spark academy sports nutritionist (fitness goal)

Rahul R fule

INFROMED CONSENT FROM

Igive consent to Rahul R . Fule to provide nutrition counselling to myself or person for whom I am legally responsible. The consult will provide information and guidance about health factors that are with in my control.my diet ,nutrition and lifestyle.

I understand that Rahul R. Fule is not a medical physician. Thus he /she will not diagnose medical condition but will provide nutritional support and nutrition educational for an already diagnosed condition while nutritional support would be important complaint to my health and disease management.

I understand these services cannot a substitute for medical care.Method of nutrition education or testing made available to me or not intended to diagnose disease.Rather theses assessment test are intended as a guide to developing an appropriate health supportive program for me and to monitor my progress in achieving my health goals .

Medical records, personal information and history divulged in session to Rahul R . Fule with be kept confidential ,unless consent to sharing my medical information.

I here by release,discharge and hold harmless Rahul R Fule from all claims ,demands ,costs and expenses and causes of actions ,either in law or equity arising out of the or in anyway connected to services I receive from Rahul R Fule I have read this consent from and terms contained herein carefully.

I understand the terms of this from and voluntary agree to be bound by them.

Clients name.....contact no. clients
signature.....dateclients guardian
signature.....date.....counsellor
signature.....date.....

PERSONAL GOALS MOTIVATION AND STAGE OF READINESS

my overall health goals are ,,,,,,,,,,,,,,,,,,,,,,

----- My physical performance goals are-----

If I could change three things about my health and nutritional habits they would be.....6 line specs the biggest challenge to reaching my nutrition goals is/are -----

In the past I have tried the following the-----

Techniques,diets ,behaviour etc . To reach my nutrition goals -----

Do you feel you have always had a weight problems? If yes around what age did you first notice that you gained weight? -----

what diet you have tried in the past ? -----

yes no option (.) yes () no if yes what the problem? -----

please list any surgeries you had -----

one a scale of 1 (not willing) to 5 (very willing) please indicate your readiness/willingness to do the following.

PHYSICAL ACTIVITY

LIFESTYLE # Indicate daily stresses and rates the level of stress from 1 (extremely low) to 10 (extremely higher) work
,,,,,,family,,,,,,social,,,,,,financial,,,,,,health,,,,,,other,,,,,, # on average how many hours of sleep do you get ,,,,,,2 line space # Do you smoke () never () in the past () currently quantity/ frequency,,,,,, # Alcohol use ? ()
,,,,,,

WELNESS GOALS

Indicate which health and fitness goals interest your ()
weight management ()
increase strength and muscle mass ()
increased endurance ()
rehabilitation of muscle or joint injury ()
advice on supplementation based on my health and dietary practice ()

others please describe 5 line space clients name .,,,,,, contact number,,,,,,clients signature,,,,,,date ,,,,,,,clients guardian signature date ,,,,,,,counsellor signature,,,,,,