

Intake Form and Service Option Form

Full Name (First, Middle Initial, Last): Former Name / Maiden Name (if applicable):			
Date of Birth (DD / MM / YYYY):		Current Age (in years):	
Gender:		Male	Female
Street Address (number, street name, apt #):			
Mailing Address (if different than above):			
City:		Province/State:	
Country:		Postal Code/Zip:	
Occupation:			
Phone Number: please format xxx-xxx-xxxx		extension:	
Email:			
Emergency Contact Name:		Emergency # (xxx) xxx-xxxx:	
MD's Name:		MD's Phone# (xxx) xxx-xxxx:	
MD Diagnosis (list all):			
MD Recommendations:			
How did you hear about us?			
Please enter specific details (name of friend, doctor, event, etc.):			
Is there a mental health component to this consultation?		Yes	No
Kind of nutrition support you have had:			
Previous diets followed (if any):			
Date of Last Blood Tests: <small>(required)</small> :	Abnormal Results:	Yes	No
Current Blood Pressure: <small>(required)</small> :	Date of Blood Pressure: <small>(required)</small> :		
<p><b>Note:</b> Please send a pdf (Adobe) copy of your <b>most recent complete blood test results</b> with <b>this form</b> to <b>info@bbdnutrition.com</b>. If you don't have current complete blood work, we can get started without it, however I will need it to design your Meal Plan.</p>			
Do you have extended benefits <small>(required)</small> :	Yes	Extended Benefits provider <small>(required)</small> :	
	No	Extended benefit limits for visits to a Dietitian <small>(required)</small> : \$ / year	

**PLEASE COMPLETE ALL BOXES BELOW**

In *one sentence*, please **describe your goals and expectations** with respect to the services you are taking.

Please list all *physical* and *mental* health conditions **in your immediate family** (parents, grandparents, siblings):

Please list any medical conditions that **you** have been diagnosed with (e.g. Type 2 Diabetes, hypertension, high cholesterol, etc.)

Please list all **physician-diagnosed allergies** that you have (foods, drugs, environmental):

Please list **any food intolerances you have** (foods that make you feel unwell):

Please list the names of all **medications** and/or **nutritional supplements** currently being taken, **as well as the dosages**:

\*Please note that I do not provide weight management services to clients currently on insulin or insulin-analogue therapy. Please consult with a healthcare professional with CDE certification.

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Prices are in **Canadian dollars (CDN)**.  
GST (5%) will be added.

**1. HOURLY SESSIONS:**

**Hourly Consultation:** designed to meet to discuss needs, share details of health background, see if I am a 'good fit'. \$150 / hr

**Specialty Hourly Services** (select choice, below):

- |                                 |                                   |            |
|---------------------------------|-----------------------------------|------------|
| low residue / low fiber diet    | low sodium diet                   | \$150 / hr |
| low FODMAP diet                 | low potassium diet                |            |
| improving iron status from food | low histamine / low tyramine diet |            |
| gallstone diet                  |                                   |            |

**2. COMPLETE ASSESSMENT PACKAGE:**

**Complete Assessment Package** is designed for those with routine clinical conditions, such as type 2 diabetes, high blood pressure or high cholesterol. The first service is the assessment appointment to collect detailed information about your health and risk factors, including your personal medical history, family medical history, and dietary and lifestyle information. The second service is designed of the Meal Plan based on the information collected at intake and during the assessment visit. The third service is the Nutrition Education Session to review the Meal Plan and dietary recommendations. The package needs to be completed within 3 months of starting. \$350 / pkg

**PEDIATRIC** - aged 6 - 19 years, includes ht/age, wt/age, BMI/age, growth projection . . . . .+\$50

**PRENATAL** - 3 versions of Meal Plan for each trimester with additional nutrient calculations, weight gain, etc . . . . .+\$50

**COMPLEX CLINICAL** (non-routine cases) requiring an additional hour for assessment and/or Meal Plan design. . . . .+\$100

**ADD-ON OPTIONS:**

**Improve iron status from food** -2 separate teachings . . . . .+\$100

**Single teaching add-on options** (please select) . . . . .+\$75 ea.

- |      |          |                |                    |                               |
|------|----------|----------------|--------------------|-------------------------------|
| GERD | gout     | diverticulitis | low sodium diet    | kidney stones (urate/oxalate) |
|      | migraine | hiatus hernia  | low/high potassium | hypothyroidism                |

**3. FOLLOW-UP PACKAGE:**

**Dietary Management Package:** The Dietary Management Package is a follow-up package for those who have completed the Complete Assessment Package and who would like additional support or 'coaching'. It can be taken as 6 half-hour sessions or as 3 one hour-sessions – or a combination of full hour and half hour sessions totaling 3 hours of services. The package needs to be completed within 3 months of starting. \$350 / pkg

**4. COMPREHENSIVE PACKAGE:**

**Comprehensive Dietary Package:** The Comprehensive Dietary Package provides all three services described under the Complete Assessment Package (assessment visit, design of Meal Plan, Nutrition Education Session) PLUS 2 follow up appointments (30 minutes each). The package needs to be completed within 3 months of starting. \$450 / pkg

**ADD-ON OPTIONS** available under the Complete Assessment Package (above) can also be selected with the Comprehensive Dietary Package.

## 5. CUSTOMIZED SERVICES:

**Customized Nutrition Package:** Please contact the office before completing this option:

**To be completed ONLY by the Dietitian:**

I agree to provide the services outlined in the Customized Nutrition Package description at the following cost: \$ \_\_\_\_\_

**Registered Dietitian's Printed Name:**

**Date signed** (dd/mm/yyyy)

**Client Acceptance:** I accept the above quoted price and my name typed below is as legally binding as my physical signature.

**Client's printed name:**

**Date signed** (dd/mm/yyyy):

## 6. SPECIALIZED SERVICES:

**Food Sensitivity / Food Allergy Management Package:** is designed for those who have either been diagnosed or who suspect they may be sensitized to certain foods, or components of foods. It is also helpful for those diagnosed with tree or grass pollen allergies and who are experiencing symptoms related to oral allergy syndrome (OAS), which is a cross-reaction between tree or grass pollen allergies and specific fruit, vegetables, or nuts. All appointments need to be completed within 3 months. \$350 / pkg

**Celiac Disease Management Package:** provides detailed teaching for those diagnosed with celiac disease (IgA-mediated gluten intolerance) to learn how to eat to minimize accidental contact with gluten or gluten-containing products at home and away from home. Both appointments need to be completed within 3 months of starting the first one. \$350 / pkg

**Inflammatory Bowel Disease (IBD) Package:** is designed for clients diagnosed with Crohn's disease or one of the types of ulcerative colitis (UC) who want to learn what to eat to minimize the symptoms during a 'flare up', as well as how to eat once the flare has subsided. For those from different cultural background, teaching will be using foods and preparation methods familiar to your culture. All appointments need to be completed within 3 months. \$350 / pkg

**Irritable Bowel Syndrome (IBS) Package:** is designed for clients who have already had celiac disease or Inflammatory Bowel Disease (IBD) ruled out or who have been told by their doctor that they have IBS. Each person with IBS is different, so I will work with you to determine what triggers your symptoms and will recommend one of several approaches (or a combination of them) that I think will work best for you. All appointments need to be completed within 3 months. \$350 / pkg

**Polycystic Ovarian Syndrome (PCOS) Package:** is designed for women who want to lower insulin resistance and reduce symptoms associated with the disorder, as well as for weight loss. The services are similar to those offered under the Complete Assessment Package, but for the specific needs of those with PCOS. All appointments need to be completed within 3 months. \$350 / pkg

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### **DISTANCE CONSULTATION and REGISTERED DIETITIAN REGISTRATION**

The clinical office and place of business is in Coquitlam, British Columbia, Canada and Joy Y. Kiddie is registered with the College of Dietitians of British Columbia, as well as the College of Dietitians of Ontario and Alberta. Telehealth services will be deemed to have taken place in Coquitlam, British Columbia.

### **SELECTION OF PACKAGES and PACKAGE EXPIRY**

Complete blood test results will need to be received prior to the design of the Individual Meal Plan for those taking a Complete Assessment Package but the package may be started pending their reception. Packages must be completed within three (3) months from the date indicated at the bottom of this form, after which they will be deemed to have expired.

### **PAYMENT METHODS, RECEIPTS and CANCELLATION OF SERVICES**

Payment in Canadian dollars (CDN) shall be made at the time of booking services either by e-transfer or credit card on the SSL encrypted web page ([www.bbdnutrition.com](http://www.bbdnutrition.com)).

A Flexible Payment Option is available for the Complete Assessment Package (and other packages by prior agreement) with payments as follows: \$150 + GST paid at the time of booking the first appointment, \$100 + GST is to be paid when booking the second service, and \$100 + GST is to be paid when booking the third service. Completion of the Flexible Payment Option Form is required.

Payments for packages that have already begun are non-refundable, however should the office receive written notice requesting cancellation of services 7 days or more prior to the first confirmed appointment, a refund will be provided via e-transfer within 7 business days, minus any credit card charges related to the payment for services, minus a \$25 administrative fee. Services that are paid for in advance need to be started within 3 months and once started services need to be completed within 3 months.

### **APPOINTMENT CANCELLATION, RESCHEDULING and 'NO-SHOWS'**

Cancellation or rescheduling of an appointment with less than 24 hours' written notice will result in a one-hour (\$150.00 + GST) charge being applied. Failure to keep an appointment ('no-shows') will be considered as a completed visit.

### **CLINICAL VISITS**

In order to collect accurate information, appointments are one-on-one, however a friend or family member may attend the final Nutrition Education Session in the Complete Assessment Package by prior arrangement.

### **CONFIDENTIALITY**

All discussions with the Dietitian and all records related to nutritional services are confidential and will not be shared with any other person, health care provider or organization without prior knowledge and written consent of the client.

For confidentiality, laboratory test results should have confidential information redacted prior to emailing to us.

### **ROLE OF THE CLIENT'S PHYSICIAN**

The client's physician is responsible for overseeing their healthcare, and it is the client's responsibility to inform their doctor that they are planning to consult with a Registered Dietitian. If their physician has specific dietary recommendations, the client will request that their physician write a referral to BetterByDesign Nutrition Ltd. / BBD Nutrition with their instructions.

If the client does not have a General Practice / Family Practice Physician, they will consult with a physician at walk-in clinic regarding their intention to see a Registered Dietitian and ask if they have any specific recommendations.

If the client has been prescribed medications to control their blood sugar, cholesterol or blood pressure, they understand that it is their responsibility to ensure that they have a physician monitor their medication dosage(s) as they lose weight.



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### STATEMENT OF UNDERSTANDING:

I hereby attest that I am seeking nutrition consultation session(s) on my own behalf in order to learn nutritional and lifestyle information that I may apply in everyday life.

I understand and accept that the services provided by Joy Y. Kiddie, MSc RD of BetterByDesign Nutrition Ltd./ BBDNutrition do not involve the diagnosis, treatment, mitigation or prevention of a disease or disorder or abnormal physical state or their symptoms and that I am providing lab tests results for information purposes only.

I understand and accept that Joy Y. Kiddie MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition is licensed as a Registered Dietitian in British Columbia, Ontario and Alberta and that services are provided by telehealth software from the company's Coquitlam, British Columbia office.

I understand and accept that I am fully responsible for my own health and that recommendations provided to me do not replace, supersede or substitute for the diagnoses and treatment recommendations of my physician(s).

I understand and accept that it is my responsibility to consult with my physician [or in the absence of one, with a physician at a local walk-in clinic] with regards to implementing any recommendations provided to me *prior* to changing my dietary intake, eating pattern and/or physical activity.

I understand and accept that if decide to pursue a low carbohydrate diet that the initial Meal Plan that will be designed for me will be at a significantly reduced level of carbohydrates and will begin at 130g of carbohydrate per day (unless otherwise prescribed by my physician or already following a ketogenic diet). Carbohydrates will be gradually reduced only as required to attain desired clinical outcomes.

I understand and accept that it is my responsibility to have clarified anything I do not understand on this form with Joy Y. Kiddie, MSc, RD prior to signing the form.

I understand and accept that Joy Y. Kiddie MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition has the right to refuse treatment or terminate provision of services.

I understand and accept that services will be provided to me virtually through a secure telehealth portal and will be deemed to have taken place in Coquitlam, British Columbia, Canada.

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### CONSENT FOR NUTRITION SERVICES

I understand and accept that there are both benefits and risks involved with any nutrition or physical activity recommendations and I have, or will consult with my physician before implementing any nutritional, exercise or lifestyle recommendations provided to me by the Dietitian.

I understand and accept that this consent expires six (6) months from the date indicated directly below.

I hereby give my consent for the above indicated services.

**Client's First Name, Middle Initial, Last Name:** (required)

(required)  By checking off this box, I declare that I have read this form, understand and agree with its contents.

(required)  By checking off this box, I agree to all the terms above and understand that my typed name below is as legally binding as my physical signature.

**Client's signature:**  
(required)

**Date:**  
(required)