

Intake Form and Service Option Form

PLEASE COMPLETE ALL BOXES BELOW

Full Name (First, Middle Initial, Last):			
Former Name / Maiden Name (if applicable):			
Date of Birth (DD / MM / YYYY):		Current Age (in years):	
Gender (assigned at birth):		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 (clinic, if none):		MD's Phone# (xxx) xxx - xxxx:	
MD Diagnosis (list all)			
MD Recommendations:			
How did you hear about us?			
Please enter details (name of friend, doctor, website, etc.)			
Have you been diagnosed with any mental health conditions?		If yes, specify:	
Kind of nutrition support you have had:			
Previous diets followed (if any):			
Date of Last Blood Tests:	Abnormal Results:	Yes	No
Current Blood Pressure:	Date of Blood Pressure:		
<p>For ALL services, please send a downloaded pdf (Adobe) copy of your most recent complete blood test results along with this form to info@bbdnutrition.com. Please do not send screen captures or pdfs made from jpegs as they can not be added to charts. If you don't have current blood work, please send what you have and we can take it from there.</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	

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In *one sentence*, please **describe your goals and expectations** with respect to the specific service you are choosing.

Please list all *physical* and *mental* health conditions **in your immediate family (both parents, 4 grandparents, any siblings)**:

Please list any *physical* and/or *mental health conditions* that **you have been diagnosed with** (e.g. type 2 diabetes, high cholesterol, depression, etc. **and the date of diagnosis of each condition**)

Please list all **physician-diagnosed allergies** (i.e. by an **MD**) 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** (vitamins) currently being taken, **as well as the dosages:**

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

1. HOURLY SESSIONS:

Hourly Consultation: this is a *non-clinical* 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): \$150 / hr

- | | |
|---------------------------------|-----------------------------------------------|
| low residue / low fiber diet | low sodium diet |
| low FODMAP diet | low potassium diet |
| improving iron status from food | other: specify (please contact office first): |
| gallstone diet | |

2. COMPLETE ASSESSMENT PACKAGE:

Complete Assessment Package is designed for those with routine clinical conditions (type 2 diabetes, high blood pressure, high cholesterol) and receipts are broken down into the following three services to fit within limited extended benefits plans. 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 design of the Meal Plan based on the information collected at intake and during the assessment visit and turnaround time from chart completion until the appointment to teach the Meal Plan is ~2 weeks. 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 the first visit in the package. \$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 | newly diagnosed 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 the first visit in the package. \$350 / pkg

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

4. COMPREHENSIVE DIETARY PACKAGE:

Comprehensive Dietary Package: is designed for those with routine clinical conditions (type 2 diabetes, high blood pressure, high cholesterol) and receipts are broken down to the following four individual services to fit within most extended benefits plans. 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 design of the Meal Plan based on the information collected at intake and during the assessment visit and turnaround time from chart completion until an appointment to teach the Meal Plan is ~2 weeks. The third service is the Nutrition Education Session to review the Meal Plan and dietary recommendations. The fourth service is 2 follow-up appointments (30 minutes each) at a cost savings from taking them on an hourly basis. All appointments need be completed within 6 months of the first visit in the package. \$450 / 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 | newly diagnosed hypothyroidism |

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 (ONLY for Customized Services): 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 of the first visit in the package. **\$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 the first visit in the package. **\$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 of the first visit in the package. **\$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 of the first visit in the package. **\$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. Receipts are broken down into the following four individual services to fit within most extended benefits plans. 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 design of the Meal Plan based on the information collected at intake and during the assessment visit, and turnaround time from chart completion until an appointment to teach the Meal Plan is ~2 weeks. The third service is the Nutrition Education Session to review the Meal Plan and dietary recommendations. The fourth service is 2 follow-up appointments (30 minutes each) at a cost savings from taking them on an hourly basis. All appointments need be completed within 6 months of the first visit in the package. **\$450 / pkg**

6. SPECIALIZED SERVICES (continued):

Menopause Management Package: is specifically designed for the needs of peri-menopausal or menopausal women to address weight gain, fat accumulation around the mid-section, muscle loss, insulin resistance and/or prediabetes or type 2 diabetes. Receipts are broken down into the following four individual services to fit within most extended benefits plans. 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 design of the Meal Plan to help you attain your goals related to the menopausal needs listed above and turnaround time from chart completion until an appointment to teach the Meal Plan is ~2 weeks. The third service is the Nutrition Education Session to review the Meal Plan and dietary recommendations. The fourth service is 2 follow-up appointments (30 minutes each) at a cost savings from taking them on an hourly basis. All appointments need be completed within 6 months of the first visit in the package. **\$450 / pkg**

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 option +\$75

newly diagnosed hypothyroidism

Healthy Aging Package: is especially designed to help older adults achieve and maintain a healthy body weight and focuses on adequate dietary intake of nutrients important in the maintenance of both muscle mass and bone mass. Receipts are broken down into the following individual four services to fit within most extended benefits plans. 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 design of the Meal Plan to help you attain your goals related to the menopausal needs listed above above and turnaround time from chart completion until an appointment to teach the Meal Plan is ~2 weeks. The third service is the Nutrition Education Session to review the Meal Plan and dietary recommendations. The fourth service is 2 follow-up appointments (30 minutes each) at a cost savings from taking them on an hourly basis. All appointments need be completed within 6 months of the first visit in the package. **\$450 / pkg**

ADD-ON OPTIONS:

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

Single teaching add-on option +\$75 ea.

newly diagnosed hypothyroidism

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REGISTERED DIETITIAN REGISTRATION & PLACE OF BUSINESS

Joy Y. Kiddie, MSc, RD is registered with the College of Dietitians of British Columbia, the College of Dietitians of Ontario, and the College of Dietitians of Alberta. The clinical office and place of business of BetterByDesign Nutrition Ltd. is in Coquitlam, British Columbia, Canada and telehealth services provided are deemed to have taken place in Coquitlam, BC.

SELECTION OF PACKAGES and PACKAGE EXPIRY

Complete blood test results will need to be received prior to the design of the Individual Meal Plan, however the package may be started pending their reception. Meal Plans will be scheduled for design once updated lab test results are received, if required and turnaround time until Meal Plan completion will be ~2 weeks. Packages must be completed within the specified time from this form is signed, after which they will be deemed to have expired.

PAYMENT METHODS, RECEIPTS, CANCELLATION OF SERVICES, TIMELINE FOR STARTING

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, however payments made via e-transfer avoids added credit card charges. Links for payment via credit card will be provided upon request.

A Flexible Payment Option is available under the "Book an Appointment" tab on the web page (www.bbdnutrition.com) and completion and submission of the Flexible Payment Option Form with this 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. Refunds of payments made via e-transfer will be fully refunded. Refunds of payments made via credit card will withhold the credit card charge as well as a \$25 administrative fee. Services that are paid for in advance must be started 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, however the circumstances of emergency cancellations will be considered for an exception.

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 them 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 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 Joy Y. Kiddie, MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition prior to changing my dietary intake, eating pattern and/or physical activity.
- 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 are provided by via a secure telehealth software from the company's Coquitlam, British Columbia office.

DIABETES CARE

I understand and accept that Joy Y. Kiddie MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition is competent to provide nutrition education to clients living with diabetes (type 1 or type 2) but is not a Certified Diabetes Educator (CDE) and will not be providing any guidance with regard to managing or adjusting insulin dose, and that it is my responsibility to consult with other members of my healthcare team (physician (MD) or pharmacist) regarding any adjustment of insulin dosage that may be required while implementing any dietary recommendations provided to me by Joy Y. Kiddie, MSc, RD of BetterByDesign Nutrition Ltd.

THERAPEUTIC KETOGENIC DIETS

I understand and accept that prior to beginning a therapeutic ketogenic diet for mental health that a Request for Medical Supervision Form will be sent to my doctor requesting a signed note indicating that they will be overseeing my health during a three-month trial period of the diet including continuation of prescribed medication(s) under their direction.

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 completed all boxes on this form and marked "n/a" if they do not apply.

(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

(type full name): (required)

Date signed:

(required)