

INFORMATION FOR NEW CLIENTS

Please read and review carefully. You will learn what to expect and what you will need to send.

WHAT TO EXPECT – On your first phone interview we will review your general and specific health concerns, medical information, personal history, lab work, diet and food plan, exercise and fitness, lifestyle, emotional issues and specific health goals. A food and supplement plan with educational health suggestions will be sent to you following this review. You will be expected to follow up with phone or e-mail reports on your progress and participate fully in evaluating the success of your plan. Keep in mind that I am a traditional naturopath/nutritional educator/health coach. I am not a medical doctor. I do not diagnose or prescribe. My health suggestions are educational and designed to guide and motivate you to take charge of your own health – **Naturally and Holistically**. Remember, you are making an investment in your future. Your life and time on earth is finite, precious, and inestimable. Our goal is to assist you in taking the best possible care of yourself and optimizing your health potential on all levels for the rest of your life.

WHAT TO SEND – Your forms; a list of your questions, concerns, and health objectives; a four to seven day food and hydration diary; health information including any lab work if available; a list of supplements and medications with dose information that you use or have used in the past; and any other information you think may be relevant to our consultation.

WHAT ABOUT FEES? – Phone/Mail//E-Mail Consultations and Program Support Appointments are billed at a rate of \$90 per hour, no minimum time. All consultation and program support billing will include charges for the time it takes to research and write your program in addition to online or phone time. If personal face-to-face time is requested then we will meet at either The “Grove” on Orange Street in New Haven, Ct. where I rent office space or on the second floor of “Edge Of The Woods” health food store in New Haven. I do consultations as far away as Sweden, China, Hong Kong, Hawaii, and California and the use of modern technology through virtual consultations has worked just fine. Clients will be invoiced following the consult. Invoices are due when received. Please keep your account current. Phone follow-up time is recorded and an invoice/statement sent periodically, due on receipt. Some clients have asked for a fixed fee for a set number of consults. That is available and economical providing the total fee is paid up front. For example, \$450 for three scheduled consults. Weekly or bi-monthly health coach sessions are also available. I find these valuable for clients who need that extra motivational support and inspiration to attain their health objectives. Fees for this service are negotiable and reasonable.

SUPPLEMENTS/VITAMINS – I do not sell any supplements. I believe this would be a conflict of interest. I do show you how to obtain the highest quality products with up to 50% discounts from the best sources available. I have been able to save some clients more money on an annual basis than the fee they pay for the consultation. This knowledge will help to empower you to become self-sufficient and educated on alternative sources for supplements. Typically, health food stores mark up their products by 100%. I will show you how you can purchase many of the same brands at wholesale prices! However, there is one product line I do sell but that’s my own creation. The all-natural, all-purpose, highly therapeutic

anti-aging and age-reversal skin cream, Florence. It has achieved some of the best product testimonials on the market. Nice companion aroma mists/skin hydrators are also our creation. Any client or newsletter subscriber automatically qualifies for over a 40% savings on the skin cream. Just send an e-mail to Samoapat@aol.com for the special password to order and save money. The website for the skin cream is www.nutrascience.net.

TESTING – Everyone should have their vitamin D level checked. Most people have insufficient levels to optimize their health. You can have your physician order the test – 25(OH)D also called 25-hydroxyvitamin D; or 25-hydroxy. You can also order this yourself (yes, you really can!) through the Life Extension Foundation ([Http://lef.org](http://lef.org) – 1-800-208-3444) for about \$40. They also have a full blood chemistry lab panel with hormones and vitamin D included called the “Male Panel” or “Female Panel.” Terrific information and far more comprehensive than a standard blood chemistry test. The full panel is only about \$200 for members. This is one way to take charge of your health. They have 24/7 health professionals available for “free” to review the results of the test(s). They are a superb organization dedicated to advancing science and health and the complimentary benefits of alternative medicine. An annual membership fee is \$75. This provides you with their excellent and informative monthly life extension magazine and a 25% discount on their well-formulated vitamins. As a bonus, they send you for “free” \$125 of supplements of your choice when you become a member.

On a separate sheet write all the “Questions I would like to ask about nutrition”

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USA

DATE: / /

CLIENT PROFILE

PLEASE FILL OUT COMPLETELY, BOTH SIDES AND
SIGN STATEMENT AT BOTTOM OF OTHER SIDE

NAME		MARITAL STATUS (CIRCLE ONE) S / M / D / W
ADDRESS		
CITY	STATE	ZIP
HOME PHONE:	EMAIL	
FAX / CELL PHONE (circle one):	BIRTHDATE:	AGE:
OCCUPATION:	CHILDREN #	AGES:

CHILDHOOD DISEASES/INJURIES/SURGURIES:

Were you abused or neglected?

CHILDHOOD MEDICATIONS:

ADULT DISEASES / ACCIDENTS / SURGERIES: (Women include detailed reproductive history including any pregnancy, miscarriage, abortion or menstrual cycle issues. Men include any sexual, urinary and prostate

ALLERGIES (include age of first occurrence):

ADULT MEDICATIONS PAST with doses and dates (all current medications should be listed on the sheet provided):

CURRENT HEIGHT AND WEIGHT:

HGT:

WGT:

IDEAL WEIGHT:

WEIGHT HISTORY (if applicable) If long and detailed continue explanation under Major Concerns:

FAVORITE FOODS / CRAVINGS (to give me an idea of foods you like and re cravings to show what your body seeks out. Put all cravings, even for 'bad' things):

CURRENT MAJOR CONCERNS- These are your goals, the things you want to change. Use extra sheets if needed:

SUBSTANCE ABUSE-FOOD / DRUG / ALCOHOL HISTORY (if applicable):

FAMILIAL MEDICAL DISEASES (blood relatives only, parents, grandparents, aunts, uncles, and the like):

SIGNATURE

DATE

NAME: _____ DATE: _____

SUPPLEMENT AND MEDICATION LIST

Make sure to include a copy of the label of any multiple supplements. Include the dose per tablet and number of tablets taken at each time. Example- B-6 50 mg 1 tablet or thyroid 0.125 1 tablet or Inhaler 1 spray or My Favorite Multiple 2 tablets with breakfast and 2 tablets with dinner (include label on this). If medications are taken occasionally put them at the bottom or on the back. If you often miss a daily dose of medications or supplements please note that.

On arising:

With first meal:

With lunch:

With dinner:

Before bed:

Any other times and doses:

Creating a Food Diary

- It is best to record what you eat as soon as you can and record all foods that are eaten.
- Remember to include the beverages you drink as part of what you consume for meals and snacks.
- If you eat a “mixed food” such as a sandwich, include the mayo or butter that you might add to the bread. Include butter that you might put on cooked veggies or dressing that might top off a salad.

Portion Size Guidelines

Here are some portion size guidelines to help you in determining how much you might be eating. Keep in mind, a portion of food is fairly small. The amounts you normally eat probably constitute more than one serving. For example, a typical portion of cooked spaghetti noodles, cereal, or cooked rice equals about 2.5 cups. That’s how much we would normally eat! Yet, the correct portion is one half cup. This means that under typical circumstances, we’re eating five servings but count it as ONE!

Portions of food: Food Size of one serving easy way to assess

Breads 1 slice store cut slices of loaf bread

Hot dog bun 1/2 of bun whole bun = 2 servings

Hamburger bun 1/2 of bun whole bun = 2 servings

Sub roll 1/2 of a 4” roll whole sub roll = 4+ servings

Cereal 3/4 cup amount to fill a cupcake liner

Rice, pasta, beans 1/2 cup cooked size of a tangerine

Cooked veggies 1/2 cup size of a tangerine

Raw veggies 1 cup size of a tennis ball

Fruit 1 small 4” banana or half a fist

Canned fruit 1/2 cup half a fist

Fruit juice 3/4 cup size of a medium potato

Dried fruits or nuts 1/4 cup sprinkle over the palm

Milk or yogurt 1 cup size of tennis ball

Cheese 1 1/2–2 ounces size of small bar of soap

Turkey or chicken 3 ounces size of a small cell phone

Beef, pork, fish 3 ounces same as above

Butter, margarine, oil 1 tablespoon top of your thumb with nail

Following is an example of a page from a food diary and a blank form for you to start your own.

Food Item Eaten/Beverage Consumed Portion Size

Breakfast: 8AM blueberry yogurt—1 serving (6 oz); whole wheat toast—1 piece with butter—1 pat

Snack: 10:30 AM cranberries—1 cup; coffee—1 cup with 2 creams added

Lunch: 1:00 PM turkey sandwich (2 slices wheat bread, 1 tbsp mayonnaise, 1 leaf of lettuce, 1 slice Swiss cheese, about 1 serving of sliced turkey); 1 bag potato chips; 1 medium apple; 1 soda Coke (12-ounce can); and 1 chocolate chip cookie

Snack: 3:30 PM microwave popcorn—1 bag; 1 soda (12-ounce can),

Dinner: 8:00 PM homemade turkey pot pie—2 servings (mixed vegetables—corn, peas, carrots, potatoes; pastry crust; gravy); 1 glass of milk (8 ounces); 1 white dinner roll with butter—1 pat

Snack: 9:30 PM ice cream—3 scoops; 1 soda (12-ounce can),

Water- total daily intake in ounces: 64 ounces

Note: To create a food diary, use the enclosed pages or make multiple copies of the form on the reverse side or make your own equivalent. Please make sure it is readable and that your name and the date are on each page. Please provide a minimum of 3 days. If possible providing 7 days is better.

Record your mood, energy, and cravings for each day and how you slept the night before. Use the back or extra sheets if needed.

Food Diary for _____ Date _____

Time / Food or Beverage / Portion Size

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Water consumed (just plain water)- daily total in ounces: _____

Cravings:

Energy:

Mood:

Sleep:

Make as many copies as you need for each day or use plain paper but use the same format.

Food Diary for _____ Date _____

Time / Food or Beverage / Portion Size

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Water consumed (just plain water)- daily total in ounces: _____

Cravings:

Energy:

Mood:

Sleep:

Make as many copies as you need for each day or use plain paper but use the same format.

Food Diary for _____ Date _____

Time / Food or Beverage / Portion Size

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Water consumed (just plain water)- daily total in ounces: _____

Cravings:

Energy:

Mood:

Sleep:

Make as many copies as you need for each day or use plain paper but use the same format.

Food Diary for _____ Date _____

Time / Food or Beverage / Portion Size

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Water consumed (just plain water)- daily total in ounces: _____

Cravings:

Energy:

Mood:

Sleep: