Canadian Muscle & Joint Pain Clinic

Nutrition Assessment & Dietary Consultation

Name (first)_____ (last) _____

Date of Birth (dd/mm/yy)_____/_____/_____ Age: _____ Height: _____ Weight: _____(lbs)

Gender: ☐ M ☐ F Occupation:_____

Address: _____ City: _____

Postal Code: _____ Home Ph: _____ Work Ph: _____

Email: _____ How Did You Hear About Us? _____

Date Of Consultation: _____

Reason for Consultation:_____

_____

_____

_____

Diet History:_____

_____

_____

_____

Goals for Session:_____

_____

_____

_____

Family Doctor's Name:_____ Have you been referred? ☐ Y ☐ N

If yes, by whom (self, doctor, health professional)? _____

Are you currently taking any medications? ☐ Y ☐ N If yes please indicate below:

Condition	Medication	Dosage

Do you have any food allergies or food sensitivities? ☐ Y ☐ N

If yes, please describe: _____

_____

_____

Do you currently take any vitamin or mineral supplements? ☐ Y ☐ N If yes please indicate below:

Vitamin	Dosage	Mineral	Dosage

Please provide some details on your family's health history:_____

_____

_____

Please provide some details on your health history relevant to your diet:_____

_____

_____

Have you previously met with a Registered Dietitian? ☐ Y ☐ N If yes please describe below:

_____

_____

Weight Profile:

Current Height: _____ (cm or inches)

Current Weight: _____ (kg or lbs) Personal Weight Goal: _____ (kg or lbs)

Body Mass Index (BMI): _____ Dietitian's Suggested Ideal Weight Range: _____ (kg or lbs)

Dietitian Questionnaire:

Weight History: _____

_____

Previous Diets: _____

_____

Comments for not Sustaining Diets:

_____

_____

Specific Barriers to Success: _____

_____

Appetite: _____

_____

Eat Meals Out: : ☐ Y ☐ N Comments: _____

Grocery Shopping done by: _____

Cooking is done by: _____ for _____(#) of people

Goals for Today's Session: _____

_____

_____

Food Journal Provided: ☐ Y ☐ N

Nutrition Assessment & Recommendations Based On Canada's Food Guide

Fruits and Vegetables
Increase Decrease: _____
Fruit Juice

Milk and Alternatives
Increase Decrease: _____

Grains and Starches
Increase Decrease: _____

Meat and Alternatives
Increase Decrease: _____

Vitamin or Mineral Concerns:

Possible Deficiency: _____

Advice Given: _____

Risk of Excessive Consumption: _____

Advice Given: _____

Mutual Goal Setting:

1.
2.
3.
4.
5.

Resources Provided:

-
-
-
-
-
-

Overall impression and assessment of Nutrition Education Consultation:

Client Satisfied with Session:_____

Plan for follow-up:_____

Dietitian Signature: _____

Date: _____

YOUR PRIVACY IS OUR PRIORITY

Patient Consent Form For Collection, Use and Disclosure of Personal Information

In this office, for their respective patients, Dr. Faisal Malik acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate use and protection of your information. Attached to this consent form, we have outlined what our office is doing to ensure that: Only necessary information is collected about you; Information is shared only with your consent; Storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols; Our privacy protocols comply not only with privacy legislation, but with the standards of the Ontario Chiropractic Association, and the law. Do not hesitate to discuss our policies with Dr. Faisal Malik or any member of our office staff. Please be assured that every staff member in our office is committed to ensuring that you receive the best quality health care. This office will collect, use and disclose information about you for the following purposes: To offer and provide treatment, care and services for all chiropractic health care issues. To deliver safe and efficient patient health care and to identify and ensure continuous high quality service. To assess your health care needs and to advise you of treatment options. To enable us to contact you and maintain communication with you, for purposes of distributing health care information and booking/confirming appointments for treatments. To invoice for goods and services, to process credit card payments, and to collect on unpaid accounts. To communicate with other treating health care providers, including your pharmacist/pharmacy. To communicate with laboratories in cases where laboratory services are required. For teaching and demonstrating purposes on an anonymous basis. To complete and submit chiropractic claims for third party adjudication and payment. To comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Ontario Chiropractic Association in a timely fashion, when required, according to the provisions of the Personal Health Information Protection Act (PHIPA) . To comply with agreements/undertakings entered into voluntarily by the member with the Ontario Chiropractic Association, including the delivery and/or review of patients' charts and records to the Association in a timely fashion for regulatory and monitoring purposes. To deliver your charts and records to the Chiropractic insurance carrier to enable the insurance company to assess liability and quantify damages, if any. To assist this office to comply with all regulatory requirements and to comply generally with the law By signing the consent section of the Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance. Your information may be accessed by regulatory authorities under the terms of the Personal Health Information Protection Act (PHIPA) for the purposes of the Ontario Chiropractic Association fulfilling its mandate under the PHIPA, and for the defense of a legal issue. Our office will not, under any condition, supply your insurer with your confidential medical history. In the event that this kind of a request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent for use or disclosure of your personal information at any time, and we will explain the ramifications of the decision, and the process.

Patient Consent

I have reviewed the Privacy Policy that explains how this office will use my personal information, and the steps this office is taking to protect my information. I know that this office has a Privacy Policy, and I can ask to see the Policy at any time. I agree that Dr. Faisal Malik and his staff can collect, use and disclose personal information about myself as set out in the attached information about the office's privacy policies.

Signature: _____ Date (dd/mm/yy): _____/_____ /_____

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How to fill out a 3 day Food Journal

1. Choose **2 days** of the week and **1 weekend** (capture 'usual intake')
2. Write down **everything** you eat and drink (include the time of day or night foods are consumed as well as the location)
3. Include all **quantities** (example: 1 tbsp, 1⁄4 cup) and the cooking methods (example: baked in oven, microwave etc)
4. Include **any** vitamin or mineral supplements consumed
5. E-mail completed food journal to Andrea at **dietitian@muscleandjoint.ca** at least **3 days** before your scheduled appointment

For Example:

***Date*: Friday, Sept 10, 2012**

B-fast (7am) @ Home

- 1 cup orange juice (Tropicana)
- 1 slice of brown bread (Country Harvest)
- 1 tsp peanut butter (Kraft, regular)

Snack (10am)

- 1 chocolate chip muffin (Starbucks)
- 500mL water

Lunch (1pm) @ Home

- Chicken salad on a medium-sized white bun (homemade with regular mayo, lettuce and tomato)
- 250mL chocolate milk
- 1 bag of lays chips

Snack (10pm)

- 1 medium apple

Dinner (6pm)

- 2 small chicken breasts (baked with breading)
- 1 cup of white rice
- 1 cup of vegetable (carrots and beans) with1 tbsp butter
- 2 cups of water
- 2 scoops of ice cream (chocolate)