REGISTRATION FORM

PATIENT'S INFORMATION			
❑ *MR* ❑ *MRS* ❑ *MISS*			
Surname	**Name**	**DOB**: __ __ / __ __ / __ __ __ __	**Age** **Gender** **❑M** **❑F**
House number	**Street**	**City**	**Post code**
Mobile number	**Home number**	**E-mail address**	
Where did you hear about me?			
❑ ***Recommendation***	❑ **Website**	❑ **Magazine**	
❑ **Radio**	❑ **Poster, leaflet**	❑ **Neal's Yard Remedies shop/staff**	
❑ **Social media**	❑ **Other:**		

GP DETAILS		
GP's name and surname	**Address**	**Telephone number**
* medical report can be sent to your GP subject to an administration fee of £50		

NEXT OF KIN			
First and second name	**Relation to you**	**Mobile number**	**Home number**

ARE YOU?	YES	NO	DETAILS
Receiving treatment from a Doctor, hospital or clinic?			
Taking any prescribed medicines eg. Tablets, injections, ointments or inhalators?			
Taking any supplements?			
Taking contraceptives or hormone replacements therapy?			
Pregnant?			

Harmony & Balance
Ms Monika Jakiel-Rusin RNutr
MSc in Dietetics
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Are you currently or have you ever suffered from:	Yes	No	Details :
Allergies to medicines (eg. Penicillin) or food?			
Bronchits, asthma or chest conditions?			
Fainting attacks, giddiness, blackouts, epilepsy?			
Heart problems, angina, high blood pressure or stroke?			
Diabetes?			
Bone or joint disease?			
GASTROINTESTINAL CONDITIONS: gastritis; hyperacidity (acid dyspepsia), peptic ulcer disease (PUD), stomach ulcer or gastric ulcer, helicobacter pylori; intestinal parasites (parasitic worms); inflammation of the liver / pancreas / gallbladder; **gastro-esophageal reflux disease *(*GERD*)*; constipation ; bloating;** diarrhoea; nausea			
THYROID PROBLEMS			
ANEMIA			
Liver disease (eg. Jaundice, hepatits) or kidney disease?			

I declare that the above information is true and correct. It was made by the best of my knowledge:

SIGNATURE……

THE BIO SCAN BODY COMPOSITION ANALYSIS - GETTING READY FOR THE TESTING

HEIGHT: check your height before testing
WEIGHT: check your weight before the testing (on the same day)
WOMEN: should ideally be tested in the middle of their menstrual cycle when water retention is at its minimum
HYDRATION: don't consume large amounts of water before the testing
DEHYDRATION: testing body water levels that are unusually low may effect reading
MEDICATION: some medications, particularly diuretics may effect reading
EXERCISE: no testing for at least 12h after exercise
ALCOHOL: no alcohol for at least 24h prior to testing
COFFEE/TEA: no coffee, tea, fizzy or energy drinks for at least 24h prior to testing
MEALS: test at least 2-3 hours after a meal
URINATE: urinate within 30min of testing

MEASUREMENTS

- will be taken from the right side of the body, lying down
- the electrodes will be placed on your right hand and right bare foot
- you will be rested flat for at least 5-10min before commencement of the test

INFORMED CONSENT FORM & TERMS FOR NUTRITIONAL COUNSELLING

I _____ give consent to Monika Jakiel-Rusin to provide Nutrition Counselling to myself or the client for which I am legally responsible. The consult will provide information and guidance about health factors within my own control: my diet, nutrition, and lifestyle. I understand that Monika Jakiel-Rusin is a Registered Nutritionist -not a medical physician- and does not dispense medical advice, nor will she diagnose or treat any medical condition, but will provide nutritional support and nutrition education for disease prevention or an already diagnosed condition. She provides education to enhance my knowledge of health through the use of whole foods, dietary supplements, and emotional awareness. While nutritional and botanical support can be an important compliment to my medical care, I understand these services are not a substitute for medical care. Methods of nutritional evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in session to Monika Jakiel-Rusin will be kept confidential, unless I consent to sharing my medical information. I agree to hold Monika Jakiel-Rusin RNutr in Public Health harmless for claims or damages in connection with our work together. This is a contract between myself and Monika Jakiel- Rusin and I understand that it is also a release of potential liability.

_____ _____

Client or Guardian's Signature Date

_____ _____

Print Name (s)

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DIETARY INTERVIEW

1. **HEIGHT**- **WEIGHT**- **BMI**- **WEIST CIRCUMFERENCE**-

2. **PAST DIETS/WEIGHT LOSE PROGRAMMES**

3. **LIFESTYLE** : SEDENTARY/ PHYSICALLY ACTIVE (training times)

WORK HOURS:

WAKING UP AND BED TIME:

4. **FOOD DIARY**

BREAKFAST

LUNCH

DINNER

SNACKS

DRINKS (coffee, tea, juices, fizzy drinks, water, alcohol)

LIKE OR DISLIKE? ALLERGIC OR INTOLERANT?

DAIRY
NUTS/SEEDS/FLAXSEED
FRUITS (dried and fresh)
VEG
PULSES
SOYA & SOYA PRODUCTS
MEAT and meat products: offal (liver, kidney) pate, sausage; ham
FISH (seafood, herrings...)
CEREAL/CORNFLAKES/OATMEAL/MUESLI/BRAN
BREAD
PASTA
WHOLE-GRAINS & GROATS: rice, buckwheat, barley
POTATOES
FAST FOODS/READY MEALS
SNACKS (sweet ex. cakes, chocolate or sour ex. crisps)
HONEY
JAM/CONSERVE/MARMALADE/JELLY
SPREADS (peanut butter, marmite, butter…)
SAUCES (soya sauce, sweet chilli, ketchup, mayonnaise, mustard…)
OILS
SALT
SEASONINGS
SUGAR
OTHERS

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DATE & DAY	PLACE & TIME	PRODUCT	QUNTITY	EMOTIONS
BREAKFAST I				
BREAKFAST II				
LUNCH				
AFTERNOON TEA				
DINNER				
SNACKS				
DRINKS				

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MONITORING

DATE	RESULTS	PHYSICAL HEALTH	EMOTIONAL STATE FEELINGS