



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Nutrition Information Packet Bardmoor Y



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Dear Member:

Congratulations! You have just taken the first step toward an excellent and personalized nutrition program. Here are the next steps in the process:

1. Fill out the questionnaire/goals and informed consent forms. You will hand these in before your first meeting with the Registered Dietitian.
 - A. You may be asked to obtain a doctor's clearance based on your health screening form before you can begin the program.
2. The Healthy Living Director will be notified of your registration in the program and will notify the Registered Dietitian to contact you.
3. Your dietitian will contact you to schedule your appointments.

The role of a Bardmoor Y Registered Dietitian is one of an educator and supporter. Their job is to provide you with the tools needed to make positive lifestyle changes through proper information, education, and support. We wish you the best of luck with your new program.

Thank you for your interest in our program. If you have any further questions, please feel free to contact me at anytime.

Sincerely,

Georgie Crandell
Healthy Living Director
Bardmoor YMCA
727-394-9622



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Informed Consent

I, _____, am committed to making a positive change in my health through my participation in the Bardmoor Y Nutrition Program. I understand that certain elements of this program can be physically demanding and that I will need to change various aspects of my lifestyle in order to reach the goals I have set for myself in this program. I understand that in undertaking this nutrition program, some risk may be involved, as with any activity, and I fully assume that risk.

I understand that any nutrition evaluation and/or assessment performed by a Bardmoor Y employee is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline nutrition parameters in order to develop my nutrition program. I agree to consult my physician for further evaluation and such medical care, as I require.

I understand that the activities of the YMCA of Greater St. Petersburg have inherent risks and I hereby assume all risks and hazards as incident to my participation in all YMCA of Greater St. Petersburg activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA of Greater St. Petersburg, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in the YMCA of Greater St. Petersburg activities.

I have read this waiver and understand it.

Signature

If under 18, Parent/Guardian Signature

Date



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Bardmoor Nutrition Program Guidelines

1. All participants must be a current full privilege member.
2. The nutrition session is conducted at the Bardmoor Y; all facility guidelines must be followed.
3. Only the designated client can work with the employed Registered Dietitian.
4. All paperwork (including receipt of payment) must be completed before the sessions begin.
5. In the case that the client cannot meet for a scheduled session, a 24-hour notice must be given to the Registered Dietitian or the client forfeits the session. An appointment "no show" will count as a session serviced.
6. If the Registered Dietitian cannot meet for a scheduled session, 24-hour advanced notice will be given to the client.
7. The Registered Dietitian will wait up to fifteen (15) minutes past the scheduled session time for a client. We reserve the right to deduct the amount of time that a client is late from the scheduled session.
8. Nutrition packages will only be refunded if the member were to move out of the area or has a Doctor's note. In the case of emergencies, exceptions can be made, as agreed upon between the member and the Healthy Living Director.
9. Nutrition packages must be used within 6 months of purchase date.



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Date: _____ Name: _____ Phone: _____ - _____ - _____

(Please print)

Nutrition Consultation:

_____ \$150 Introduction Package

Package includes: One hour intro session,
two ½ hr follow-up sessions.

_____ \$30 ½ hr follow-up session(s)*

*Purchase of intro package is required prior to
purchasing follow-up sessions.

What days are best for you to meet? *Monday Tuesday Wednesday Thursday Friday Saturday Sunday*

What time of day would you like to meet? *Morning Early Afternoon Late Afternoon Evening*

Please Note: Appointments require a 24-hour cancellation notice or the session will be forfeited. All sessions and packages must be used within 6 months of purchase. All sessions are **Non-refundable**, with the exception of a medical clearance. **Signature:** _____

Member Service Use Only Amount Paid _____ Initials _____ Date _____



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Questionnaire/Program Goals

Name: _____ Sex: M / F Date of Birth: ___/___/___ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ (Cell) _____ - _____ - _____ Email: _____

This form is intended to obtain relevant information to help us understand your nutrition goals in order to design a specific and successful nutrition program. It is also a "contract" in which we ask you to make a commitment to three concrete steps towards health. This information will not be disclosed to any other individual other than the Healthy Living Director and the Registered Dietitian unless written consent is obtained from the participant. Please answer all questions to the best of your knowledge.

1. Why are you interested in nutrition counseling at this time? _____

2. Occupation: Physical___ Non-physical___ Travel for your occupation? Yes___ No___

3. Are you currently exercising? Yes ___ No___ If Yes, how long have you been exercising? _____

Briefly describe your program and what type of exercises you enjoy: _____

4. List lifestyle activities, for example: gardening, heavy work/labor occupation, daily walk with your pet.

5. Any physical limitations to daily activity? Yes___ No___

6. Sleep: Adequate___ Inadequate___ (The sleep requirement for your age is___ hours per night; the dietitian will fill this in).

7. What types of food do you enjoy?

8. List least favorite foods:

9. Who does the grocery shopping in your household? _____

Who prepares the meals in your home? _____

Meals eaten away from home (frequency/location _____



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10. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest) by circling the number that applies most closely:

- a. Daily Stress Levels: 1 2 3 4 5
- b. Competitive Personality 1 2 3 4 5

11. Circle all that describe your current eating habits: High Fat Low Fat High Protein Low Protein
High Carbohydrate Low Carbohydrate High Fiber High Sodium Low Sodium

12. Are you currently on a calorie-restrictive diet? Yes___ No___
Why? _____

13. What are your nutrition goals? (1 being most important and 5 being least important)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

14. Please use the space below to record three commitments you are willing to make toward your health goals. These should be challenges but also realistic and attainable commitments. When finished please sign this form to signify your personal commitment.

Commitment # 1:

Commitment # 2:

Commitment # 3:

Client Signature _____

Witness Signature _____