



Food Consumption Consultation

For the food listed below, please indicate the amount of consumption weekly.

None Light Moderate Heavy

Sweeteners <input type="checkbox"/>	Sugar <input type="checkbox"/>	Honey <input type="checkbox"/>	Syrup <input type="checkbox"/>	Tobacco <input type="checkbox"/>
Coffee <input type="checkbox"/>	Tea <input type="checkbox"/>	Soda <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Salt <input type="checkbox"/>
Beans <input type="checkbox"/>	Salads <input type="checkbox"/>	Sprouts <input type="checkbox"/>	Potatoes <input type="checkbox"/>	Spices <input type="checkbox"/>
Fresh Vegetables <input type="checkbox"/>	Frozen Vegetables <input type="checkbox"/>	Canned Vegetables <input type="checkbox"/>	Fresh Fruit <input type="checkbox"/>	Frozen Fruit <input type="checkbox"/>
Canned Fruit <input type="checkbox"/>	Protein Bars <input type="checkbox"/>	Cereals <input type="checkbox"/>	Cookies <input type="checkbox"/>	Cakes <input type="checkbox"/>
Chocolate <input type="checkbox"/>	Ice Cream <input type="checkbox"/>	Eggs <input type="checkbox"/>	Butter <input type="checkbox"/>	Milk-Dairy <input type="checkbox"/>
Cheese <input type="checkbox"/>	Yogurt <input type="checkbox"/>	Beef <input type="checkbox"/>	Pork <input type="checkbox"/>	Poultry <input type="checkbox"/>
Fish <input type="checkbox"/>	Shellfish <input type="checkbox"/>	Bread <input type="checkbox"/>	Bagels <input type="checkbox"/>	Oat <input type="checkbox"/>
Wheat <input type="checkbox"/>	Barley <input type="checkbox"/>	Rye <input type="checkbox"/>	Rice <input type="checkbox"/>	Pasta <input type="checkbox"/>
Soy <input type="checkbox"/>	Corn <input type="checkbox"/>	Fast Foods <input type="checkbox"/>		

In this section, list the foods you ate yesterday (or eat on a typical day). Include everything you ate and drank, listing the amounts. Be specific about the types of food. For example; white or brown bread, fried potatoes, etc.

Morning		Afternoon		Evening	
Food/Drink	Amount	Food / Drink	Amount	Food/Drink	Amount

Where do you eat the majority of your meals? Home: % Restaurant %

How much water do you drink each day?
 8 oz (cup) 16 oz (pint) 32 oz (quart) 64 oz (1/2 gallon) 128 oz (gallon)



Daily Routine Consultation

Rate the level of stress in your daily life: Light Moderate Heavy

At home:

At work:

How often do you exercise in a week?

What type of exercise?

What do you do for relaxation?

What do you do for recreation?

Cancellation Policy

If you are unable to keep your appointment, for any reason, please give us as much notice as possible. Single appointments cancelled with less than one full working day's notice (Mon – Fri, 9:30 am to 6:00pm) may be charged at 50% of list price. Same day cancellations and no shows will be charged in full to cover therapists' time and business costs.

I have read and understand the ReNew Life Cancellation Policy:

Signed:

Date:

I have read and understand the ReNew Life Cancellation Policy with the above signed client:

ReNew Life Representative Signed:

Date: