

Ana Goldseker, CNC

Holistic Nutritional Consultant

Mindful Nutrition

Mindfulnutrition.net

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410-979-6446

A Holistic Approach to Eating

Welcome!

I am honored to be working with you.

You have taken a huge step towards improving your life and creating a healthier lifestyle. It is my goal to have you feeling better, more vibrant and more effective. I will coach you and help you achieve your goals while we both figure out what is getting in your way. I am thrilled that you have decided to work with me. There are a few things I want to review to help us along our way.

Cancellations -I require 24 hour notice of cancellation. (This does not mean calling the night before to cancel, but FULL 24 hours) This can be done through email or leaving a message. andgoldseker@gmail.com or 410-979-6446. If notice is not given, you will be charged for the missed visit.

Everything said is confidential and will not be shared with other clients unless it has been approved by you. I have no judgments and want you to be yourself.

Now let's get started!! Here are some things to consider...

Have your ducks in a row!

Make sure you have back up food/snacks with you at all times!

Have a great lunch bag that you can take with you.

Have a supply of plastic containers with lids that fit correctly and zip locks in all sizes!!

Know your restaurants and what you are going to order beforehand! When in doubt, call me!!

Carry water with you!

Take your supplements.

Work out at least 4 times a week.

The more work you put into the food journal, the more our work will be truncated.

Once a package of consultations has been purchased, no portion will be refunded.

Sessions have a one year expiration date.

Referrals – There is a 10% off on packages purchased when you send referrals.

Thank you

Please fill out this assessment to the best of your ability. Mail it back to me or please bring it to our first appointment.

Mail to:

Ana Goldseker

Cometa Wellness Center

Crestridge Center

10151 York Road

Cockeysville, MD 21030

Name _____ phone# _____ date _____

Address _____

Email address _____

Age _____ height _____ weight _____ goal weight _____

Children and ages _____

Have you ever worked with a nutritional counselor? _____

Have you been on diets in the past? _____

If so, which ones? _____

Chief complaints

Goals

Medical Issues

#1 _____ when diagnosed _____ symptoms _____

Test done _____ history _____

#2 _____ when diagnosed _____ symptoms _____

Test done _____ history _____

#3 _____ when diagnosed _____ symptoms _____

Test done _____ history _____

#4 _____ when diagnosed _____ symptoms _____

Test done _____ history _____

Operations _____

Organs Removed _____

Medications taking _____

Supplements _____

Bathroom issues _____

Sleep issues _____

Digestive issues _____

GOALS – circle as many as apply

Fat loss Reduce Stress chronic illness Cravings energy PMS bloating skin
relieve addictions

Fitness _____ how long _____ how often _____

Typical Eating Day – you can put several options here

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Snack _____

Desserts _____

How often do you eat out at restaurants? _____ times a week

How often do you cook at home? _____ times a week

Would you do a food journal? _____

Do you drink enough water? _____ Do you drink juice? _____

Do you drink soda? _____ Coffee? _____ What do you put in your coffee? _____

Do you drink alcohol? _____ How much per week? _____

THREE DAY FOOD JOURNAL – This is helpful for me to see exactly how and what you are eating. Please specify if a meal was eaten at a restaurant

Day #1

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Snack _____

Desserts _____

Day #2

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Snack _____

Desserts _____

Day #3

Breakfast _____

Snack _____

Lunch _____

Snack _____

Dinner _____

Snack _____

Desserts _____

I agree and understand the information presented to me. I declare the information I have disclosed herein to be true and accurate. I agree to a 24 hour cancellation period.

(Print Name)

(Signature)

(Date)

