

# Nourish and Revive

## Welcome to Nourish and Revive!

We are glad you have made the decision to take responsibility for your health and it is our hope that, in working with us, you will experience amazing and vibrant health. Your initial consultation process is broken up into two visits. Please arrive on time and with your paper work already filled out. You will notice the following forms and instructions in this packet:

- **Confidential Client Health Questionnaire**
- **Consent and Disclaimer**
- **3-day Food Journal**

➤ **Please also complete the online Nutritional Assessment Questionnaire (NAQ).** You will receive the email invitation from Nutri-Q with the subject line: NAQ from Nourish and Revive (Heidi Rickard, NTC).

### We would like to give you some instruction for your upcoming appointment:

- Arrive to you appointment 15 minutes early, park in the 4<sup>th</sup> avenue parking lot.
- Avoid alcohol consumption for 24 hours prior to your appointment.
- Avoid caffeine for at least 4 hours prior to your appointment.
- Avoid food and exercise 2 hours prior to your appointment.
- Drink at least 2 glasses of water 2 hours prior to your appointment.
- Bring a food diary for the 3 days prior to your appointment.

Thank you in advance for taking the time to fill these out! We look forward to seeing you soon and if you have any questions or concerns, please don't hesitate to give us a call.

Sincerely,

Heidi Rickard, NTC

Nourish and Revive  
9730 3rd AVE NE, Suite 202  
Seattle, WA 98115  
[www.nourishandrevive.com](http://www.nourishandrevive.com)  
(425) 686-8776  
Map and directions: <http://nourishandrevive.com/directions/>



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### Who may we thank for referring you to our office?

Friend, Relative, Doctor: Who? \_\_\_\_\_

### If you were not referred, how did you find out about us?

- Social Media/Website: Which site? \_\_\_\_\_
- Brochure
- Gift Certificate
- Other \_\_\_\_\_

# Nourish and Revive

## Initial Interview: Confidential Client Health Questionnaire

Please print clearly and use a separate sheet if more room is needed. Date: \_\_\_\_\_

Name (PLEASE PRINT) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell home E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F Height \_\_\_\_\_ Weight \_\_\_\_\_

Current physician/Health care professional: \_\_\_\_\_

Chiropractor: \_\_\_\_\_ Massage Therapist: \_\_\_\_\_

Acupuncturist: \_\_\_\_\_ Other: \_\_\_\_\_

Religious beliefs: \_\_\_\_\_ Ethnic background: \_\_\_\_\_

Do you like therapeutic essential oils (would be used for aromatherapy)? Y / N / Not Sure



### Goals:

What are your health concerns? \_\_\_\_\_

\_\_\_\_\_

What would you like to accomplish/gain from this consultation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Health History:** List any major illnesses, surgeries, accidents or injuries (with approx. dates):

\_\_\_\_\_

\_\_\_\_\_

Current medications, drugs (street or prescribed) or supplements/herbs: \_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies to medications or herbs? (List all) \_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies to foods, environment, etc.? (List all) \_\_\_\_\_

\_\_\_\_\_

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## Family:

Relationship Status: None Married/Partnered Divorced Widow

If applicable, describe health of partner: \_\_\_\_\_

If applicable, list children and animals: \_\_\_\_\_

\_\_\_\_\_

Family history of illnesses (circle those that apply/ list others): Diabetes / Heart / Cancer / Depression

\_\_\_\_\_



## Personal Health Analysis:

- How many times have you been on antibiotics: 0-10 10-30 30+
- Were you breastfed as a child? Y / N
- Do smoke cigarettes? Y / N
- Are you exposed to second hand smoke or were you in the past? Y / N
- How many ounces of water do you drink per day? \_\_\_\_\_
- How many sodas do you drink per week? \_\_\_\_\_
- How many cups of coffee do you drink per week? \_\_\_\_\_
- How many alcoholic beverages do you drink per week? \_\_\_\_\_
- How many hours of exercise do you do per week? \_\_\_\_\_
- Would you like your weight to change? (Circle one) No More weight Less weight
- Overall health (circle one): Excellent / Good / Fair / Poor / Other: \_\_\_\_\_
- What time do you go to bed? \_\_\_\_\_ What time do you wake up? \_\_\_\_\_
- Do you sleep well? Y / N Do you wake up during the night? Y / N
- If so, what time? \_\_\_\_\_ What do you feel like when you wake up? \_\_\_\_\_

What were your childhood eating habits? (List types of foods) \_\_\_\_\_

\_\_\_\_\_

- How many days a week do you eat out? \_\_\_\_\_
- What are the 3 worst foods you eat? \_\_\_\_\_
- What are the 3 best foods you eat? \_\_\_\_\_
- Do you crave sugar? Y / N ➤Do you crave salt? Y / N ➤Do you crave carbs? Y / N
- How many bowel movements do you have per day? (circle one) <1 1 1-2 2 >2

Hobbies/Activities: \_\_\_\_\_



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## Information to Help Me Communicate Best with You:

When I talk to another person, I am generally focused on...

- What's the point of this conversation?
- Their excitement level and whether they seem to like me or not.
- Their feelings and showing them that I care.
- Their line of reasoning/logic.

When I am stressed, I like to...

- Do something physical - exercise, clean the house, work in the yard, complete a project.
- Party/Socialize. Have some fun. Go out with my friends or family.
- Sleep. Watch a movie. Curl up on the couch. Read a book.
- Get away to think and reflect. Maybe do something like read a book, do a crossword puzzle, or work on a task that requires attention to detail.

My favorite work environment is...

- Productive. I don't mind having people around, as long as they are getting things done and not interrupting me.
- Active. I like having people around so that we can bounce ideas off of each other and talk while we work.
- Calm. I don't mind having people around, I just prefer that the environment stay pretty quiet and peaceful.
- Alone. I like to focus on my task without interruptions.

My attitude towards detailed work is...

- If it will get me results, I'll do it.
- Do I have to do this?
- If it is important to you, I'll do it.
- Great. I love to focus on data and details.

When I go to a party/social gathering, I interact with people...

- Directly. I generally approach them, and I like for the conversation to stay focused on non-emotional subjects.
- Immediately. I approach them and try to talk to as many people as possible.
- Slowly. I like to talk with people. I prefer to have them approach me, and I like to focus on one or two people at a time.
- Carefully. I prefer to have people approach me, and it would be ok with me if I could just sit and watch everyone else without having to talk to anyone.

When other people bring their concerns to me for advice, I generally....

- Listen for a moment and then tell them what they need to do.
- Listen to their story and then tell them about one of my experiences that was just like theirs.
- Listen carefully for what they seem to be feeling so that I can support them.
- Listen for all the details so that I can make an informed recommendation.

# Nourish and Revive

## **NUTRITIONAL THERAPY INFORMED CONSENT AND DISCLAIMER for Nourish and Revive, LLC: Heidi Jo Rickard, Nutritional Therapy Consultant and Reiki Master**

Before you choose to use the services of a Nutritional Therapy Consultant, please read the following information **FULLY AND CAREFULLY.**

**GOAL:** Our basic goal is to encourage people to become knowledgeable about and responsible for their own health, and to bring it to a personal optimum level. Nutritional therapy is designed to improve your health, but is not designed to treat any specific disease or medical condition. Reaching the goal of optimum health, requires a sincere commitment from you, possible lifestyle changes and a positive attitude. As a Nutritional Therapy Consultant, I am trained to evaluate your nutritional needs and make recommendations of dietary changes and suggest nutritional supplements. As a Reiki Master, I am trained to promote relaxation, lower stress levels, and help to relieve the symptoms of pain and promote the overall healing process. As a Reiki Master and Nutritional Therapy Consultant, I am not trained to provide medical diagnoses, and no comment or recommendation should be construed as being a medical diagnosis.

**HEALTH CONCERNS:** If you suffer from a medical or pathological condition, you need to consult with an appropriate healthcare provider. Nourish and Revive, LLC is not a substitute for your family physician or other appropriate healthcare provider nor is licensed to diagnose or treat pathological conditions, illnesses, injuries, or diseases. We offer no treatment or cure of conditions or disease. Always check with your health care professional before implementing any new or making changes in your healthcare exercise, diet, regimen or protocols.

Nutritional therapy may be a beneficial adjunct to more traditional care, and it may alter your need for medication, so it is important you always keep your physician informed of changes in your nutritional program. Nourish and Revive, LLC will never recommend changes in your medication. Only your doctor can make those recommendations. If you are using medications of any kind, you are required to alert Nourish and Revive, LLC to such use, as well as to discuss any potential interactions between medications and nutritional products with your doctor. You agree to discuss all supplementation protocol recommendations with your doctor before usage. If you have any physical or emotional reaction to nutritional therapy, contact your doctor and Nourish and Revive, LLC to ascertain if the reaction is adverse or an indication of the natural course of the body's adjustment to the therapy.

I certify that I am not pregnant and if I become pregnant will notify my doctor and Nourish and Revive, LLC immediately to review the recommended protocols.

**COMMUNICATION:** Every client is an individual, and it is not possible to determine in advance how your system will react to the supplements. It is sometimes necessary to adjust your program for maximum progress of your nutrition healing. It is your responsibility to do your part by using your nutrition guidelines, exercise your body and mind sufficiently for a positive balance, eat a proper diet, get plenty of rest and learn about nutrition. You must stay in contact with the Nourish and Revive, LLC so we can let you know what is happening and the best course of action. You should request your other healthcare provider, if any, to feel free to contact Nourish and Revive, LLC for answers to any questions they may have regarding nutritional therapy.

**LICENSURE:** Heidi Jo Rickard, NTC- Nutritional Therapy Consultant and Reiki Master is not licensed or certified by any state. A Nutritional Therapy Consultant <sup>™</sup> is trained by the internationally recognized Nutritional Therapy Association, Inc.® A Reiki Master - is trained through level III, Master in the Reiki Healing Arts. Heidi Jo Rickard is an ordained Christian minister.

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## Program Guidelines and Agreement

- ✚ Cancellation Policy - All appointments must be kept as scheduled in order to ensure maximum healing progress. If for some reason you cannot make your appointment, please call, email or cancel your appointment online at least 24 hours in advance. Reschedule as soon as possible to keep up with your healing progress. **Appointments cancelled within 24 hours will be charged the full visit price. If you are late due to traffic, please still come in for as much as the appointment as possible. You will be charged for the appointment whether you make it to the clinic or not.** *Note – Seattle has traffic, give yourself plenty of time to travel to your appointment.*
  
- ✚ Follow-up nutrition and allergy visits generally take 40 minutes or less. To save time on your visits, write down your questions and let the practitioner know about these at the beginning of the visit. In between visits, it is recommended that you take up any questions via email.
  
- ✚ If recommended - Fill out your Food and Lifestyle experience journal as you eat each meal, snack, etc. between visits. Make it a habit to do it this way and not wait until the end of the day or later. Record how the food and liquids made you feel. Are you bloated, have a headache, low energy or feel good? This accurate information will help the practitioner help to target food allergies and/or sensitives.
  
- ✚ Try not to miss any doses of your supplements. In most cases, if you miss a dose, you can make it up at your next dose. If this happens repeatedly, the practitioner can modify your supplement schedule to better suit your daily routine. Missed doses will slow down improvement and extend the time it takes on your health care program.
  
- ✚ Please keep in mind that our nutritional products DO NOT cause "side effects" as they are not drugs. Occasionally after starting a nutritional program, you may feel a temporary worsening or even feel "sick." If this occurs, do NOT cancel your appointment. Call your doctor and email the clinic to for further recommendations. Sometimes these "flare-ups" are actually a "Healing Crisis" which indicates your body is starting to heal by throwing off toxins that have been keeping you sick. By fine-tuning your program, we can help support your body's immune system get through these types of situations much more smoothly, if they even occur. When you are not doing well is when it is often most important to come in so we can fine-tune your program and help you correct the underlying cause of the problem more rapidly.
  
- ✚ Please consider all the dynamics in your life that could interfere or prevent you from doing or completing your health repair program. For this period of time, please put your health first so body can repair the years of damage...and then make it a lifestyle change. **Your body will thank you!**

By my/our signature(s), I/we confirm that I/we have read and fully understand the above disclaimer and the program agreement, and am in complete agreement thereto and do freely and without duress sign hold harmless and consent to all terms contained herein.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

# Nourish and Revive

## CONSENT FOR A MINOR CHILD

I, being the parent or legal guardian of \_\_\_\_\_ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive analysis for foundational and nutritional care. I also understand I MUST BE PRESENT IN THE ROOM when my child is in a consultation, allergy clearing, EFT or Reiki or nutrition session. This applies to ALL minors (under 18 years).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## PREGNANCY RELEASE

I verify that I am pregnant and will review all recommended protocols and suggestions with my doctor. I will see my doctor and Nourish and Revive, LLC on regular intervals to maintain close monitoring. The doctor will authorize all supplemental protocol usage and lifestyle recommendations before implementation.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**Food Journal:** Write down everything you eat and drink for three days, including all snacks, beverages, and water. If you notice any mood, digestive or health changes record it on the 'How are you feeling line.' Example: Eating snacks caused hives, headaches, sleeplessness, etc.

## DAY 1

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snacks \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

**How many ounces of water?** \_\_\_\_\_ **Exercise?** Y N **How many minutes?** \_\_\_\_\_

**Energy:** Low Med High **Digestion:** Good Poor **# of Bowel Movements** \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## DAY 2

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snacks \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

**How many ounces of water?** \_\_\_\_\_ **Exercise?** Y N **How many minutes?** \_\_\_\_\_

**Energy:** Low Med High **Digestion:** Good Poor **# of Bowel Movements** \_\_\_\_\_

How are you feeling? \_\_\_\_\_

## DAY 3

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Snacks \_\_\_\_\_

Dinner \_\_\_\_\_

Beverages \_\_\_\_\_

**How many ounces of water?** \_\_\_\_\_ **Exercise?** Y N **How many minutes?** \_\_\_\_\_

**Energy:** Low Med High **Digestion:** Good Poor **# of Bowel Movements** \_\_\_\_\_

How are you feeling? \_\_\_\_\_