



vivaï
experts en nutrition

During your first consultation, that aims to get to know you better, we will review with you this food journal that should be completed beforehand.

We invite you to follow the instructions below in order to allow us to better accompany you in the pursuit and the development of your full potential.

Welcome to VIVAİ experts in nutrition

Fill out the following information for your file!

Date	Referred by
Name	Personnal trainer / Coach
Surname	Family doctor, clinic
Cell #. Home phone # Office phone #	Reason(s) for consulting
Address City Postal code	Sports and activites
Email	Other questions and interests : <input type="checkbox"/> Weight managment <input type="checkbox"/> Food intolerances and/or digestion <input type="checkbox"/> Food supplements <input type="checkbox"/> Race/run management <input type="checkbox"/> Preparing for a run/race <input type="checkbox"/> Hydration <input type="checkbox"/> Genetic testing <input type="checkbox"/> Other _____
Date of birth	
Profession/Job	
Insurance covering nutritionnist/dietician services <input type="checkbox"/> Yes <input type="checkbox"/> No Company	--- Fill out this part only if underage --- Name of guarantor/parent? Type of relationship
Please initial the following statements : _____ I understand I will be charged 50% of the consultation if I change or cancel an appointment less than a business day before said appointment. _____ I am aware and I accept the prices and payment methods. _____ I accept to receive information by email from Vivaï. (Usually, no more than one newsletter per month.)	

Experts in nutrition

Offered services

With over 10 years of experience working with elite and professional athletes our team of specialized nutritionists will accompany you in creating custom nutritional strategies tailored to your athletic, professional and personal ambitions.

Individual evaluation*			Couples evaluation			À la carte		
First appointment	1h	125 \$	First appointment	1h30	180 \$	First appointment	1h	125 \$
Nutrition plan	1h	125 \$	Nutrition plans	2h	200 \$	Follow-up	1h	100 \$
Plan presentation	1h	100 \$	Plan presentations	1h30	180 \$	Express follow-up	30 min	65 \$
Total		350 \$	Total	5h	560 \$	Performance package	6,5h	610\$
<i>Student total</i>	3h	300 \$				Triathlon package	8h	765 \$

*We strongly suggest that every individual evaluation should be completed with two (2) thirty minutes follow-ups.

Important facts

- Nutrition tools and recommendations are conceived and presented according to the clinical and professional judgements of the nutritionists.
- Your files and records, in paper form, are kept for a period of 5 years. Their content can be shared between the Vivai nutritionists in order to benefit, if need be, from the expertise of our different nutritionists.
- Your files and records can be transferred between nutritionists, at your request, for scheduling reasons or if your needs could be better be served by another nutritionist. Your files and records can be closed or retrieved at your request within two weeks notice.
- You will be asked to pay for your nutrition plan during the appointment that precedes it's presentation.
- For the rates of the couples evaluation package to be applicable, both partners must be seen together and cannot distribute the hour and a half consultation on more then one session.

----- **To be completed by the nutritionist** -----

Initial recommendation

- | | |
|--|---|
| <input type="checkbox"/> Individual evaluation package | <input type="checkbox"/> Couples evaluation package |
| <input type="checkbox"/> À la carte | <input type="checkbox"/> Packages |

Consent

I have read and agree to the conditions, rates and important information listed on pages 2 and 3 of this document.

Client

Nutritionnist

NEW CLIENT'S GUIDE

Instructions for the food journal

- Record all foods and beverages consumed during 2 full days. Indicate the date, and time the foods and beverages were eaten.

Tips for pros

- Take pictures
- Keep a notepad on hand
- Use the voice recorder on your phone
- Download an app on your smart phone (ex.: my fitness pal)

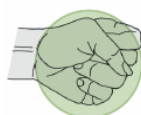


- Compare all amounts eaten to everyday objects or to measuring cups and spoons.

Tips for pros

Use your hands to quickly evaluate quantities!

1 cup



1/2 cup



90 grams



1 teaspoon



Don't forget

- Sauces, dressings, and condiments,
- If food is fresh, canned, in sauces or in oil
- The brands of food
- The percent of milk fat (%M.F.) in dairy products
- Important nutrition label information (fat grams, carbohydrate grams, protein grams)
- Beverages consumed

Instructions for activity journal

Record all your activity time this week, include the following:

- The day and time of your activity
- The type of activity
- The length of time you were active
- The intensity of your effort rated on the following scale

Tips for pros

If you have a customized training program, please bring it with you during your first appointment or email it to your nutritionist.

If you need any help filling out your journal, don't hesitate to contact us!

RPE	BORG SCALE
1	Without effort
2	Extremely light
3	
4	Very light
5	
6	Light
7	
8	Somewhat difficult
9	
10	Difficult
11	
12	Very difficult
13	
14	Extremely difficult
15	Maximum effort

Name :	Type of day : <input type="checkbox"/> workout day
Date :	<input type="checkbox"/> competition day
<input type="checkbox"/> week <input type="checkbox"/> weekend	<input type="checkbox"/> rest day

Time/Place	Quantity	Food/Beverages	Brand
Ex. : 8h / Home	2 Slices 1 t.s.	White bread Peanut butter	Pom 100% natural Kraft

Description of physical activity :

Name :	Type of day : <input type="checkbox"/> workout day
Date :	<input type="checkbox"/> competition day
<input type="checkbox"/> week <input type="checkbox"/> weekend	<input type="checkbox"/> rest day

Time/Place	Quantity	Food/Beverages	Brand names

Description of physical activity :

Instructions for the food frequency questionnaire

Try to be as precise as possible when indicating the quantities of food you usually eat. You may need to pull out your measuring cups, spoons, your glasses and your bowls...

Indicate the % fat of the product when possible	Number of times...			Serving size	
	Per day	Per week	Per month		
Milk ___ 3,25% ___ 2% ___ 1% ___ 0% ___ lactose free ___ chocolate					
Soy beverage ___ plain ___ light ___ flavoured					
Almond / rice beverage ___ plain ___ light ___ flavoured					
Yogurt _____ % mf Brand?					
Cheese _____ % mf					
Cottage cheese or other fresh cheese _____ % mf					
Cream cheese ___ regular ___ part.skim ___ ultra light					
Red meats (beef, lamb, bison...) Do you eat the fat ? ___yes ___no					
Chicken, turkey Do you eat the skin ? ___yes ___no					
Pork (chop, roast, tenderloin...)					
Chicken or fish nuggets					
Fish					
Canned tuna ___ in water ___ in oil					
Cold cuts (ham, chicken, pastrami, turkey capicola)					
Deli meats (salami, pepperoni, baloney, prosciutto...)					
Shrimp Seafood					
Eggs					
Pizza (home or restaurant)					
Sausages					
Beans (chick peas, kidney beans, lentils, soy nuts ...)					
Tofu					
Nuts					
Peanut butter ___ regular ___ light ___ natural					
Protein bars Brands?					
Protein powder Brands?					
Bread (wheat, white, multi, raisin, french bread...)					
Pitas / tortillas					
Bagels (plain or whole wheat ?)					
English muffins					
Croissant					
Muffins (homemade or commercial?)					
Pasta					
Rice / Quinoa / Bulgur / Couscous					
Crackers / Rice cakes					
Cereal or granola bars					
Oatmeal					
Breakfast cereal Brands?					

Instructions for the food frequency questionnaire

Try to be as precise as possible when indicating the quantities of food you usually eat. You may need to pull out your measuring cups, spoons, your glasses and your bowls...

Indicate the % fat of the product when possible	Number of times...			Serving size
	Per day	Per week	Per month	
Fresh fruit; List your favorites :				
Canned fruit				
Fruit blend Applesauce				
Dried fruit fruit to go, dates, figs, raisins, apricots, plums...				
Juices Brands?				
Fresh vegetables; List your favorites :				
Cooked Frozen				
Soups				
Salads; what dressing do you add ?				
Vegetable juice				
Potatoes, boiled, baked, mashed...				
Avocado				
Hummus				
Olives				
French fries				
Butter or margarine?				
Oil for cooking (olive, canola...)				
Mayonnaise				
Sauces (Knorr, brown, BBQ)				
Chips				
Pop corn ____ regular ____ light ____ fat free				
Cookies Brands?				
Nutella				
Jams (regular or sugar free)				
Syrup, honey, sugar, brown sugar				
Pudding				
Ice cream / Frozen yogurt				
Chocolate / Chocolate bars				
Candy				
Pop drinks ____ regular ____ diet				
Energy drinks (Guru, Red Bull, Base...)				
Coffee / tea do you add something?				
Water how much do you drink per day?				
Sports drinks (gatorade, powerade...)				
Wine				
Beer				
Hard alcohol				