

Please complete this form using the [Adobe Acrobat online fill and sign tools](#) if you are on a Windows computer, and using Preview if you are on a Mac.
 1. **ALL questions** on this page need to be completed. 2. Mark "N/A" if not applicable 3. Use point form to **make sure answers fit in the space provided**.

Full Name (First - Middle Initial - Last):			
Former Name / Maiden Name (if applicable):			
Date of Birth (DD / MM / YYYY):		Current Age (in years):	
Gender:	Assigned at birth:	Male	Female
		Identify as:	
Street Address (number, street name, apt #):			
Mailing Address (if different than above):			
City:		Province:	
Country:		Postal Code:	
Occupation:			
Phone: xxx - xxx - xxxx		extension:	
Email (<i>other than shaw.ca</i>):			
Emergency Contact Name:		Emergency Phone: xxx - xxx - xxxx	
MD's Name (clinic, if none):		MD / Clinic Phone: xxx - xxx - xxxx	
MD Diagnosis (list all)			
MD Recommendations:			
How did you hear about us (select):			
Please enter details (name of friend, doctor, website, etc.) required			
Have you been diagnosed with any mental health conditions?		If yes, specify:	
Kind of nutrition support you have had:			
Previous diets followed (if any):			
Date of Last Blood Tests:	Abnormal Results:		Yes No
Current Blood Pressure:	Date of Blood Pressure:		
Please send this completed Intake and Service Option Form along with a downloaded pdf (Adobe) report of your most recent complete blood test results, including hematology panel, ferritin, fasting blood glucose, HbA1C, lipid panel (cholesterol) to info@bbdnutrition.com (required for all services, including Initial Hourly Consultation).			
Do you have extended benefits <small>(required)</small> :	Yes	Extended Benefits provider <small>(required)</small> :	
	No	Extended benefit limits for visits to a Registered Dietitian <small>(required)</small> :	
			\$ / year

Intake Form and Service Option Form

NOTE: 1..ALL questions on this page need to be completed. 2. Mark "N/A" if not applicable 3. Use point form to make sure answers fit in the space provided. Incomplete forms will be returned for completion.

In **one sentence**, please describe your goals and expectations *with respect to the specific service you are choosing*.

Please list **all physical and mental health conditions in your immediate family (both parents, 4 grandparents, any siblings)**. If you are adopted with no knowledge of family history on either side, please indicate this in the box below, otherwise please complete.

Please list **all physical and/or mental health conditions** that **you** have been diagnosed with (e.g. type 2 diabetes, high cholesterol, depression, etc.) and the **date of diagnosis of each condition**.

Please list all **physician-diagnosed allergies** (i.e. by an **MD**) that you have (foods, drugs, environmental):

Please list **any food intolerances you have** (foods that make you feel unwell):

Please list all **medications** that you take **and their dosages** and all **nutritional supplements** that you take **and their dosages**:

Intake Form and Service Option Form

Prices are in **Canadian dollars (CDN)**.

ROUTINE HEALTH SERVICES

Initial Consultation: this is an appointment designed to meet, share goals and health background, & discuss various service options. No personalized dietary recommendations will be able to be provided at this appointment. Any remaining time in this appointment can be "banked" for future follow-up services after completing one of the packages. (50 minutes). All appointments in the package must be completed within 3 months of the first appointment. \$125 ea.

Clinical Hourly Services: (for existing clients): Clinical follow-up services on an hourly basis. \$150 / hr

COMPLEX CLINICAL (for non-routine cases) +\$20 / hr

1. COMPREHENSIVE DIETARY PACKAGE:

Comprehensive Dietary Package is our basic package for healthy eating, weight management, as well as chronic disease management (type 2 diabetes, high blood pressure, high cholesterol, fatty liver). The package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 3 months of the first appointment. **\$510 / pkg**

ADD-ON OPTIONS:

COMPLEX CLINICAL (for non-routine cases) requiring an additional hour for assessment and/or Meal Plan design. +\$150

PEDIATRIC for additional calculations for ht/age, wt/age, BMI/age, growth projection (age 6- 19) + \$50

Improve iron status from food - 2 separate teachings +\$100

Add-on nutrition education (see options below) + \$100 ea.

Topics include reducing constipation and hemorrhoids, improving symptoms of GERD (gastroesophageal reflux disorder) / acid reflux, gout, hiatus hernia, diet to reduce the occurrence of kidney stones, early CKD, functional dyspepsia, macular degeneration, nutrients of importance in hypothyroidism.

Please specify specific topic requested:

2. PRENATAL DIETARY PACKAGE:

Prenatal Dietary Package provides three versions of a Meal Plan (one for each trimester) for women who are expecting a child. The package is broken down into three separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 3 months of the first appointment. **\$450 / pkg**

Improve iron status from food -2 separate teachings +\$100

3. GLP-1 NUTRITION SUPPRT PACKAGE:

GLP-1 Nutrition Support Package is designed to help those taking a GLP-1 medication to maintain their lean body mass and bone mass, as well as ensure adequate intake of nutrients. The package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 3 months of the first appointment. **\$510 / pkg**

ROUTINE CLINICAL for individuals with well-managed routine health conditions, including T2D, HTN, lipids/cholesterol, reflected in current lab test results +\$100

Add-on nutrition education (see options below) + \$100 ea.

Topics include reducing constipation and hemorrhoids, improving symptoms of GERD (gastroesophageal reflux disorder) / acid reflux, gout, hiatus hernia, diet to reduce the occurrence of kidney stones, early CKD, functional dyspepsia, macular degeneration, nutrients of importance in hypothyroidism.

Please specify specific topic requested:

Intake Form and Service Option Form

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4. Polyendocrine Metabolic Ovarian Syndrome (PMOS) Package:

Polyendocrine Metabolic Ovarian Syndrome (PMOS) Package is designed for women who want to decrease the insulin resistance that underlies PMOS / PCOS, as well as reduce symptoms such as weight gain, and improve the likelihood of being able to conceive. The package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 3 months of the first appointment.

\$510 / pkg

Add-on nutrition education (write name of add on education in box below) + \$100 ea.

Topics include reducing constipation and hemorrhoids, improving symptoms of GERD (gastroesophageal reflux disorder) / acid reflux, gout, hiatus hernia, diet to reduce the occurrence of kidney stones, early CKD, functional dyspepsia, macular degeneration, nutrients of importance in hypothyroidism.

Please specify specific topic requested:

5. Menopause Management Package:

Menopause Management Package is specifically designed for 'women of a certain age' who are struggling with the symptoms of perimenopause, or menopause. This package addresses weight gain, fat accumulation around the mid-section, insulin resistance and/or prediabetes, as well as sleep disruption. This package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 3 months of the first appointment.

\$510 / pkg

Improve iron status from food -2 separate teachings +\$100

Add-on nutrition education (write name of add on education in box below) + \$100 ea.

Topics include reducing constipation and hemorrhoids, improving symptoms of GERD (gastroesophageal reflux disorder) / acid reflux, gout, hiatus hernia, diet to reduce the occurrence of kidney stones, early CKD, functional dyspepsia, macular degeneration, nutrients of importance in hypothyroidism.

Please specify specific topic requested:

6. Hypothyroid Management Package:

The Hypothyroid Management Package is intended for those newly diagnosed with hypothyroidism or Hashimoto's disease who want to normalize their weight as well and optimized nutrition related to nutrients of importance in hypothyroidism. This package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 3 months of the first appointment.

\$510 / pkg

Add-on nutrition education (write name of add on education in box below) + \$100 ea.

Topics include reducing constipation and hemorrhoids, improving symptoms of GERD (gastroesophageal reflux disorder) / acid reflux, gout, hiatus hernia, diet to reduce the occurrence of kidney stones, early CKD, functional dyspepsia, macular degeneration.

Please specify specific topic requested:

FOLLOW-UP PACKAGE:

Dietary Management Package:

The **Dietary Management Package** is a follow-up package for those who have completed any of the Routine Health Packages within the previous 3 months and who would like additional support, accountability, or 'coaching'.

\$450 / pkg

This package provides 3 hours of services which can be taken as 6 x half-hour sessions or as 3 x one hour-sessions – or a combination of both and begins with a review of updated lab test results, review of weight, waist circumference, or and hip circumference, as well as as current dietary intake compared to the Meal Plan that was designed.

All appointments in this follow up package must be completed within 6 months of the first appointment.

II - DIGESTIVE HEALTH SERVICES:

1. Irritable Bowel Syndrome (IBS) Package:

The **Irritable Bowel Syndrome (IBS) Package** is designed for individuals who have had celiac disease and Inflammatory Bowel Disease (IBD) ruled out and who have been told by their doctor that they have IBS. It is designed to determine which foods or food components are contributing to the individual's specific symptoms, to help eliminate foods or food components that result in symptoms. This package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 6 months of the first appointment.

\$510/ pkg

2. Low FODMAP Diet Package

The **Low FODMAP Diet Package** is designed for individuals who have been diagnosed by their doctor with IBS and are advised to follow a Low-FODMAP Diet. The low-FODMAP diet will be implemented systematically so that individuals can determine which FODMAP foods contribute to their symptoms and which do not. This package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 6 months of the first appointment.

\$510/ pkg

3. Inflammatory Bowel Disease (IBD) Package

The **Inflammatory Bowel Disease (IBD) Package** is designed for those newly diagnosed with ulcerative colitis (UC) or Crohn's disease and focuses on reducing symptoms as quickly as possible, then reintroducing foods in a way that minimizes recurrence of symptoms. This package is broken down into four separate, dated components to make reimbursement from extended benefits easy. All appointments in the package must be completed within 6 months of the first appointment.

\$510/ pkg

4. Celiac Disease Management Package:

The **Celiac Disease Management Package** provides detailed teaching for those newly diagnosed with celiac disease (IgA-mediated gluten intolerance) to learn which foods are safe to eat and how to eat to minimize accidental contact with gluten or gluten-containing products at home and away from home. The package is broken down into two separate, dated sessions intended to both be completed within a one-month period, or less.

\$450 / pkg

This package is also suitable for those who were previously diagnosed with celiac disease but never took formal teaching and/or are still symptomatic. In this case, more time will be spent on sections of the teaching involving cross-contamination in food preparation, and practical tips for eating at home, restaurants and social gatherings.

Both appointments in the package must be completed within 3 weeks of the first appointment.

5. Small Intestinal Bacterial Overgrowth (SIBO) Package

The **Small Intestinal Bacterial Overgrowth (SIBO) Package** provides three stages of dietary support before, during, and after antimicrobial treatment (prescribed by an MD or ND), to significantly increase the likelihood of SIBO not recurring. All appointments in the package must be completed within 6 months of the first appointment.

\$510/ pkg

III - THERAPEUTIC DIETS:

1. Therapeutic Ketogenic (2:1) Diet

A **2:1 therapeutic ketogenic diet** may be used as adjunct therapy (along with medication) in depression, anxiety disorder and in some types of bipolar disorder under doctor's oversight, or may also be followed by those seeking overall improved mental health and who are not taking any prescription medications. Receipts broken down into four individual dated services to make it easy to submit to extended benefits plans.

\$800 / pkg

Calculating GKI, medical grade meters (glucose, ketones) **\$150**

2. Customized Nutrition Package - for EDS(h), MCAS, POTS, & 3:1 therapeutic ketogenic diet

The **Customized Nutrition Package** is ONLY for services not already provided by existing packages, including design of a 3:1 therapeutic ketogenic diet for epilepsy, as adjunct treatment along with chemo and radiation for specific types of cancer, or adjunct treatment in some psychiatric disorders, including schizophrenia and treatment resistant bipolar disorder, under doctor's oversight. **Please contact the office PRIOR TO completing the description of the customized services requested.**

To be completed ONLY by the Dietitian:

I agree to provide the services outlined in the Customized Nutrition Package description at the following cost:

\$ _____

Registered Dietitian's Printed Name:

Date signed (dd/mm/yyyy)

Client Acceptance (ONLY for Customized Nutrition Package): I accept the above quoted price and my name typed below is as legally binding as my physical signature.

Client's printed name

Date signed (dd/mm/yyyy):

TERMS of SERVICE

REGISTERED DIETITIAN REGISTRATION & PLACE OF BUSINESS

Joy Y. Erdile (Kiddie), MSc, RD is registered with the College of Health and Care Professionals of British Columbia, the College of Dietitians of Ontario, and the College of Dietitians of Alberta. The clinical office and place of business of BetterByDesign Nutrition Ltd. is in Coquitlam, British Columbia, Canada and telehealth services provided are deemed to have taken place in Coquitlam, BC.

SELECTION OF PACKAGES and PACKAGE EXPIRY

Complete blood test results will need to be received prior to the design of the Individual Meal Plan, however the package may be started pending their reception. Meal Plans will be scheduled for design once updated lab test results are received, if required and turnaround time until Meal Plan completion will be ~2 weeks. Packages must be completed within the specified time from the date that this form is signed, after which they will be deemed to have expired. Unused sessions after this time will expire and are non-refundable and resuming services will require the purchase of new services.

PAYMENT METHODS, RECEIPTS, CANCELLATION OF SERVICES, TIMELINE FOR STARTING

Payment in Canadian dollars (CDN) shall be made at the time of booking services either by e-transfer or credit card on the SSL encrypted web page, however payments made via e-transfer avoids added credit card charges. Links for payment via credit card will be provided upon request. A Flexible Payment Option is available under the "Book an Appointment" tab on the web page (www.bbdnutrition.com) and a completed

Flexible Payment Option Form needs to be submitted with this form if choosing to use that payment option.

Payments for packages that have already begun are non-refundable and non-transferable, however should the office receive written notice requesting cancellation of services 7 days or more prior to the first confirmed appointment, a refund will be provided via e-transfer within 7 business days. Refunds of payments made via e-transfer will be fully refunded however refunds of payments made via credit card will withhold the credit card charge, and will incur a \$25 administrative fee.

To ensure that clinical information collected for appointments is current, prepaid services must be started within 3 months of payment. After 3 months, the amount of prepaid services can be applied to the cost of new services, with payment of any difference in cost. After 6 months, no refund will be provided for unstarted, prepaid services.

APPOINTMENT CANCELLATION, RESCHEDULING and 'NO-SHOWS'

Cancellation or rescheduling of an appointment with less than 24 hours' written notice will result in a one-hour (\$150.00 + GST) charge being applied. Failure to keep an appointment ('no-shows') will be considered as a completed visit, however the circumstances of an emergency cancellations will be considered for exception.

CLINICAL VISITS

In order to collect accurate information, appointments are one-on-one, however a friend or family member may attend the final Nutrition Education Session in routine service packages, by prior arrangement. Exceptions can be made where translation assistance is needed during an assessment visit.

CONFIDENTIALITY

All discussions with the Dietitian and all records related to nutritional services are confidential and will not be shared with any other person, health care provider or organization without prior knowledge and written consent of the client. For confidentiality, laboratory test results should have confidential information redacted prior to emailing to us.

ROLE OF THE CLIENT'S PHYSICIAN

The client's physician is responsible for overseeing their healthcare, and it is the client's responsibility to inform their doctor that they are planning to consult with a Registered Dietitian. If their physician has specific dietary recommendations, the client will request that their physician write a referral to BetterByDesign Nutrition Ltd. / BBDNutrition with their instructions.

If the client does not have a general practice / family practice Physician, they will consult with a physician at walk-in clinic regarding their intention to see a Registered Dietitian and ask them if they have any specific recommendations.

If the client has been prescribed medications to control their blood sugar, cholesterol or blood pressure, they understand that it is their responsibility to ensure that they have a physician monitor their medication dosage(s) as they lose weight.

STATEMENT OF UNDERSTANDING:

- I hereby attest that I am seeking nutrition consultation session(s) on my own behalf in order to learn nutritional and lifestyle information that I may apply in everyday life.
- I understand and accept that the services provided by Joy Y. Erdile (Kiddie), MSc RD of BetterByDesign Nutrition Ltd./ BBDNutrition do not involve the diagnosis, treatment, mitigation or prevention of a disease or disorder or abnormal physical state or their symptoms, and that I am providing lab tests results for information purposes only.
- I understand and accept that I am fully responsible for my own health and that recommendations provided to me do not replace, supersede or substitute for the diagnoses and treatment recommendations of my physician(s).
- I understand and accept that it is my responsibility to consult with my physician [or in the absence of one, with a physician at a local walk-in clinic] with regards to implementing any recommendations provided to me prior Joy Y. Erdile (Kiddie) MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition prior to changing my dietary intake, eating pattern and/or physical activity.
- I understand and accept that it is my responsibility to have clarified anything I do not understand on this form with Joy Y. Erdile (Kiddie) MSc, RD prior to signing the form.
- I understand and accept that Joy Y. Erdile (Kiddie) MSc, RD of BetterByDesign Nutrition Ltd. / BBDNutrition has the right to refuse treatment or terminate provision of services.
- I understand and accept that services are provided by via a secure telehealth software from the company's Coquitlam, British Columbia office.



Intake Form and Service Option Form

CONSENT FOR NUTRITION SERVICES

I understand and accept that there are both benefits and risks involved with any nutrition or physical activity recommendations and I have, or will consult with my physician before implementing any nutritional, exercise or lifestyle recommendations provided to me by the Dietitian.

I understand and accept that this consent expires six (6) months from the date indicated directly below.

I hereby give my consent for the above indicated services.

Client's First Name, Middle Initial, Last Name: (required)

(required) By checking off this box, I declare that I have completed all boxes on this form and marked "n/a" if they do not apply.

(required) By checking off this box, I declare that I have read this form, understand and agree with its contents.

(required) By checking off this box, I agree to all the terms above and understand that my typed name below is as legally binding as my physical signature.

Client's signature

(type) full name): (required)

Date signed:

(required)