Integrative Practitioner

Components of a Successful Nutrition Protocol

A Roadmap for Integrative Practitioners

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Tailored Nutrition in the Integrative Medicine Model

THE HEALTHCARE INDUSTRY is shifting from one-size-fits-all to a personalized approach to patient care. As nutrition is an integral part of the integrative medicine model, a tailored plan is crucial for long-term patient success.

Years ago, when I was a new outpatient dietitian, I would calculate estimated calorie needs for weight loss and make general recommendations expecting my patients to have great success. Eat less, move more—it sounds simple enough, right? But the end results were patients coming back to my office feeling like failures when they didn't achieve miraculous results, or not following up altogether.

As integrative practitioners, we can help our patients completely change the trajectory of their lives. I have been a registered dietitian for over 20 years and know first-hand that food can create health, or it can create disease. Nutrition professionals are tasked with explaining this to our patients in a way that empowers them.

The missing ingredient in most nutrition protocols is personalization. Gone are the days of providing the cliché calorie-controlled diet sheet. We now know better and have the responsibility and the ability to individualize our nutrition recommendations. Aside from the benefit to the individual, tailored nutrition plans are one answer to resolving rising rates of chronic disease.

The number of preventable chronic diseases continues to rise in the United States, and six in 10 individuals now live with at least one chronic disease. Many chronic diseases we face today stem from diet and lifestyle. A recent study published in *The Lancet* indicated poor nutrition is responsible for more deaths globally than any other factor and improving dietary habits could prevent one in five deaths worldwide.

The conventional medicine model is designed to effectively manage acute illness but is not well-suited for the management of chronic

disease. The dramatic shift from acute to chronic over the past 50 years has made it clear that a new treatment model is required to prevent and reverse diseases.

Integrative providers are keenly aware of the importance of nutrition as a modifiable personal lifestyle factor. Despite this understanding, it can be difficult to translate often confusing nutrition science to practical application for our clients. Understanding how food affects an individual patient is necessary for developing an actionable nutrition plan.

While food is a powerful tool for practitioners, there is no single eating style that is appropriate for everyone. There are some general nutrition recommendations that are appropriate for most patients, but to optimize outcomes and create lifelong health for an individual, a personalized approach is required. The tailored nutrition plan incorporates not only genetics in terms of the personal response to food and nutrients, but also the behavior, food preferences, barriers, and motivation of the patient.

In a tailored nutrition plan, the provider does not think in terms of what disease a person may have, but rather uses all available information to create a plan that will promote optimal health for that individual and reverse disease symptoms in the process. The reductionist approach of the past neglects to account for the cellular and molecular responses to food, the unique gut microbiome, and the environmental exposures experienced by the patient.

> **"Learning to develop a tailored nutrition plan takes practice, but will ultimately lead to better compliance and improved outcomes."**

Learning to develop a tailored nutrition plan takes practice, but will ultimately lead to better compliance and improved outcomes.

However, personalized nutrition has its own challenges. Nutrition research can be flawed and translating nutrition science into actionable steps can be difficult. Many nutrition-related studies are questioned for validity and proving cause and effect in nutrition is difficult.

Staying up to date with the most current nutrition recommendations can also be difficult for many practitioners who are already busy and overworked. Practitioners may not have the necessary time it takes to create a custom plan.

Despite the challenges, tailored nutrition is ultimately more beneficial in terms of patient success and clinical outcomes. In my practice, I generally use the following process when creating a tailored nutrition plan:

1. **Assessment and goal setting**
2. **Intervention and action steps**
3. **Support and monitoring**
4. **Follow-up and re-assessment**

Creating a plan will ultimately be influenced by the specific patient population, but this guide can serve as a framework for creating an effective tailored nutrition plan that the patient can implement and feel good about. ●

> "Food is a source of energy for growth, development, and repair."

Overview of Basic Nutrition Concepts

Food is a source of energy for growth, development, and repair. It is information that can turn genes on or off and assists in detoxification and metabolism. Poor quality food can create disease in the body, whereas high quality food in the right amounts can prevent or reverse the disease process.

Every person requires the following six main nutrients to function optimally. Phytonutrients are included as an additional consideration:

- **PROTEIN:** Chains of amino acids responsible for structure and function.
- **CARBOHYDRATE:** A primary energy source that assists with gastrointestinal function and elimination.
- **FAT:** Creates and maintains healthy cell membranes, provides energy, and helps with immune modulation.
- **MINERALS:** Cofactors in many reactions in the body. Macrominerals include calcium, chloride, magnesium, phosphorous, sodium and sulfur, and are required in large amounts. Microminerals, or trace minerals, include cobalt, copper, fluoride, iodine, iron, manganese, selenium, and zinc and are required in small amounts.
- **VITAMINS:** Often cofactors in many reactions in the body. Fat-soluble include vitamins A, D, E, and K and require fat for digestion and absorption. Water-soluble include vitamin C, and B vitamins, thiamine, riboflavin, niacin, pantothenate, pyridoxine, biotin, folate, and cobalamin.
- **WATER:** Aids in the cushioning of tissues, hydration of cells, temperature regulation, waste removal, and aids in proper digestion.
- **PHYTONUTRIENTS:** Natural constituents of plants that provide health-boosting benefits by aiding in detoxification, strengthening the immune system, and balancing hormones. Found in plant-based foods, spices, herbs, and teas.

Using a nutrition intake form and patient food diary, practitioners can get a good sense of where they need focus when choosing the appropriate meal plan. For example, if a food diary shows limited fruits and vegetables, the patient is likely deficient in many vitamins, minerals, and phytonutrients. The provider can use this knowledge to tailor recommendations.

Meal Plan Protocols

There are several modified meal plan protocols available to practitioners and patients. The practitioner may opt to start with one as a base and adjust based on the specific needs of the patient. Some examples of meal plan protocols used in integrative practice include:

1. **Elimination**
2. **Low fermentable oligo-, di-, mono-saccharides, and polyols (FODMAP)**
3. **Ketogenic**
4. **Cardiometabolic**
5. **Gluten and dairy-free**
6. **Mitochondrial**

While a meal plan may target specific symptoms, it may not be the best option for the patient. Practitioners should offer the most appropriate meal plan suggestion but provide alternatives and allow the patient to choose. There may also be circumstances where the practitioner starts with basic nutrition goals and does not utilize a specific meal plan.

Lifestyle Considerations

While nutrition is a powerful intervention on its own, to receive maximum benefit, lifestyle must be addressed. Lifestyle affects the ability to digest and absorb nutrients. Creating specific goals around stress management, exercise, sleep, and social relationships can help obtain full benefit from the tailored nutrition plan.

Unmanaged stress affects blood sugar and insulin regulation, alters hunger cues, and disrupts the gut lining, as well as the sleep pattern. I recommend patients begin with a simple three-minute meditation, or practice deep breathing or yoga to improve the stress response.

I also encourage my patients to move in a healthy way, with something as simple as a 10-minute walk after meals. I do have patients who overuse exercise and am mindful to recommend a reduction in exercise when needed.

Lack of restful sleep affects hunger and satiety cues, which can lead to weight gain and symptom exacerbation. I encourage patients to create a healthy sleep routine and, if improvements are not realized, I then recommend specific nutrition-related strategies to improve sleep. For example, I have patients avoid caffeine, stop eating within three hours of bedtime, increase magnesium intake, and avoid excessive fluids or alcohol before bed.

To address social support, I encourage patients to investigate and discuss any concerns they may have with friends and family members. To begin to improve relationships and build healthy support at home, I will often recommend patients get in the kitchen with those they love to cook wholesome, nourishing meals together. ●

“There are several modified meal plan protocols available to practitioner’s and patients. The practitioner may opt to start with one as a base and adjust based on the specific needs of the patient.”

The Nutrition Care Process

Creating the tailored nutrition plan involves collecting and analyzing relevant information to determine the most appropriate initial strategy. For nutrition professionals, this framework is called *the nutrition care process* and includes the following steps:

STEP 1. Nutrition assessment and reassessment

STEP 2. Nutrition diagnosis

STEP 3. Nutrition intervention

STEP 4. Nutrition monitoring and evaluation

In my practice, the nutrition care process for tailored nutrition involves gathering and evaluating all necessary information, including:

- **Food and nutrition history**
- **Lab data and medical testing**
- **Anthropometric measurements**
- **Nutrition-focused physical exam**
- **Client and family history**

Once I have this information, I can appropriately diagnose or pinpoint the specific nutrition-related problem we need to target, such as issues with macro- or micronutrient intake, digestion, or assimilation. From there, I can design an intervention, a tailored nutrition plan, which will be monitored, reevaluated, and modified based on the progress of the patient.

Nutrition Assessment and Reassessment

The nutrition assessment starts with gathering and evaluating helpful information. A detailed nutrition intake form can provide information regarding the patient and their nutrient intake, as well as provide helpful clues about their digestion and absorption. This initial form will provide the practitioner with most of the information needed for nutrition assessment.

A sample nutrition intake form is available at the end of this resource and includes:

- **Client goals and concerns**
- **Allergy information**
- **Pertinent family history**
- **Detailed medical history**
- **Birth history**
- **Medications and supplements currently and previously used**
- **Nutrition history and food diary**
- **Lifestyle**
- **Environment**
- **Readiness to change**
- **Digestive health**
- **Symptom questionnaire**

The next step is to perform a nutrition-focused physical exam, if possible. This step is not required but can provide additional information for creating a tailored nutrition plan and can be especially helpful when there is a lack of functional lab testing available.

When performing the nutrition-focused physical exam, observe the patient for signs and symptoms of inflammation, oxidative stress, metabolic or endocrine dysfunction, overall cardiovascular risk, food sensitivities, fungal or bacterial overgrowth, nutrient deficiency, thyroid dysfunction, parasites, dysbiosis, hydration status, sleep apnea, and hormone issues.

The nutrition-focused physical exam addresses all areas of the body including body composition, musculoskeletal function, and observing skin, neck, hair, mouth, eyes, and nails.

During the physical exam, I ask specific questions about the patient, but also visually inspect and utilize palpation to observe for physical signs of specific nutrient deficiencies, malnutrition, and chronic disease, such as overall strength, weight and fat distribution, acne, hair loss, ridged or split nails, or vision changes.

The nutrition-focused physical exam is not used as a stand-alone tool. It can help confirm the suspected nutrition-related diagnosis and contribute to the development of the tailored nutrition plan.

Nutrition Diagnosis

To create a nutrition diagnosis, I evaluate the information from the nutrition assessment process. I combine the information from the nutrition intake form, my patient interview, and the nutrition-focused physical exam to determine what nutrition-related issues we will want to target with the nutrition plan. For example, if my client is experiencing bloating after meals, alternating between diarrhea and constipation, and unexplained weight gain, my nutrition diagnosis would be dysbiosis.

By the time patients reach my office, they are typically overwhelmed. So, when communicating a nutrition diagnosis to the patient, I am mindful of providing information in an empowering way. I remain positive and remind patients that the body naturally wants to heal itself, and our work together will remove the roadblocks that have been preventing optimal health. When patients understand how much control they have relative to their diagnosis, they are more engaged and successful.

"The nutrition-focused physical exam is not used as a stand-alone tool. It can help confirm the suspected nutrition-related diagnosis and contribute to the development of the tailored nutrition plan."

Nutrition Intervention

A nutrition intervention specifically targets the nutrition diagnosis. This is where the tailored nutrition plan will come to life. Once I have the information I need, I begin to develop the initial goals for the patient. My tailored plan usually includes the following:

1. **Therapeutic meal plan**
2. **Nutritional supplementation**
3. **Recommended lab work or other medical testing**
4. **Lifestyle modification**
5. **Resources for the patient**
6. **Monitoring**

Collaborating with the patient during this stage is especially important as optimal success depends on the patients' ability to implement the suggested intervention. Prior to the appointment, I identify strategies for meeting the initial goals. Then during the assessment, I present each strategy and use the feedback from the patient to personalize and troubleshoot any concerns. If my suggestion is not one that is easily implemented, I let the patient determine the best way to meet the overall goal. There are times when I defer certain recommendations to the future if the patient is unable to incorporate the change into their lifestyle.

Nutrition Monitoring and Evaluation

After presenting the nutrition plan to the patient and developing strategies for success, we come up with a plan for accountability, which incorporates monitoring and evaluation. Some strategies I use to empower the patient to continually learn and take control of their specific situation include:

- **Web-based handouts and resources**
- **A mobile app where patients can log food intake, weight, goal progress, and submit questions.**
- **Resources such as podcasts, books, and support group resources in the community**

Ongoing monitoring and evaluation allow both the provider and patient to determine what may need to change or be tweaked to gain maximum benefit. There is no one-and-done when it comes to tailored nutrition. The plan should be fluid, flexible, and will likely change over time. I always make a specific plan for follow-up with my patients which provides accountability, but also light at the end of the tunnel if they must follow a strict plan. The follow up plan is very individualized. I have some patients that want frequent follow-up visits for the accountability, but I typically schedule an official follow-up within four weeks of the initial appointment. I am available for questions or concerns via a mobile app between appointments and subsequent follow-ups are scheduled based on the needs of the patient.

> "I always make a specific plan for follow-up with my patients, which provides accountability, but also light at the end of the tunnel."

While the nutrition care process is a systematic way of collecting and organizing information, it will likely vary from patient to patient. I use this process to create the general framework, but am mindful to avoid rigid rules. The specific needs of the patient always come first. Plans are flexible and no two are alike. ●

IMPLEMENTING NUTRITION CARE PROCESSES

In my practice, developing a tailored nutrition plan includes the following steps:

1. **Exploratory Phone Call.** Since creating tailored nutrition plan takes time and commitment, I like to have a brief phone conversation with potential patients to gauge motivation and determine if our partnership will be beneficial. I learn their reason for seeking nutrition guidance and some background information.

2. **Intake Paperwork.** My patients are responsible for filling out and submitting detailed paperwork at least three days prior to our first appointment. If the paperwork is incomplete or lacking information, I do not schedule the appointment. I have found if patients don't take the time to provide the requested information, they are likely not ready for behavior change. I want my patients to experience the maximum benefit from our work together and that is not possible without full commitment. I review the intake paperwork and determine my general outline for the initial tailored plan and what I want to tackle first with the patient.

3. **First Appointment.** During our initial meeting, I encourage the patient to expand on the information provided on the intake forms and perform a nutrition-focused physical exam, if the patient is agreeable. The patient and I work together to develop the initial treatment goals in list form. The initial treatment goals include the modified diet plan, recommended supplements, labs or other testing, and lifestyle modification. I also provide resources for my patient to be able to implement their plan.

4. **Accountability**. To help keep patients accountable, I always plan the first follow-up visit during the initial meeting. Patients seem to be more responsive when they have a specific timeframe to implement the initial nutrition plan. For example, if I place a patient on an elimination meal plan for four weeks, they are more motivated to get started as opposed to simply placing them on an elimination plan with no set timeframe for implementation.

5. **Support.** I am available to help my patients troubleshoot any issues they may experience via phone or my online platform. My charting platform and app include a chat feature, allowing patients to submit questions and receive answers quickly. They can also submit lab testing for my review and document their progress. It helps me stay engaged with my patients, but also provides an important resource for clarification and accountability for the patient.

6. **Follow-Up.** Three days before our scheduled follow-up appointment, I send my patient follow-up forms to complete. If the forms are not completed, I reschedule our appointment. Prior to the appointment, I review the information provided and compare to the initial tailored plan. During the follow-up appointment, I review each goal specifically to see what worked well and what needs to change. Depending on the situation, we then create our next list of specific nutrition and lifestyle goals. I repeat the process of providing a follow-up appointment depending on the needs of the patient.

Components of a Nutrition Care Plan

Once the nutrition care process has been completed, the practitioner can begin to create the overall nutrition care plan. When creating a nutrition intervention for a patient, I typically address the following components:

- Therapeutic meal plan
- Nutritional supplementation
- Recommended lab work or other medical testing
- Lifestyle modification
- Resources for the patient
- Monitoring

Therapeutic Meal Plan

A food-first approach is focused on moving clients to the eating pattern that will help them reach their goals and then transitioning them to a long-term eating style that is enjoyable and manageable. The first step is to determine the most appropriate therapeutic meal plan.

There are several options from which to choose based on the specific needs of the patient. Keep in mind that a specific meal plan may be indicated for a certain condition, but it may not necessarily work for a patient.

There are no hard and fast rules when it comes to choosing the right meal plan. The process is made simpler once the practitioner has completed the nutrition assessment and diagnosis components of the nutrition care process. However, the most important factors to consider are the patient lifestyle, motivation, comprehension level, and the nutrition-related diagnosis.

After reviewing background information prior to the in-person interview, I will often have a meal plan in mind, but have learned to remain flexible and allow the patient to make the decisions. I help the patient choose the most beneficial option that will begin to reverse negative symptoms, but I am also mindful of the need to be supportive of a meal plan the patient will realistically implement.

For example, let's take a patient with a diagnosis of obesity. Once I have gathered all the necessary information and met with the patient, one option would be the cardiometabolic food plan. This plan helps with the regulation of inflammation and insulin and improves overall metabolism. It is a phytonutrient-dense, modified Mediterranean diet with low glycemic load and is simple to implement since it focuses on increasing whole foods and removing processed foods.

With the cardiometabolic food plan as my base, I would then modify that plan based on the specific needs of my patient. While the cardiometabolic food plan does not contain soda, I may need to work with the patient to step down from this habit initially if soda is important to my patient. Instead of having the patient cut out all soda right from the start, I may add a goal to have them reduce

soda consumption by half for the first week of the plan, then remove it completely by week two to improve their chance of success with this goal.

Below are some examples of therapeutic meal plans. They all have several possible uses and the practitioner will likely need to get creative to tailor the plan for the patient:

1. Elimination
2. Low fermentable oligo-, di-, mono-saccharides, and polyols (FODMAP)
3. Ketogenic
4. Cardiometabolic
5. Gluten and dairy-Free
6. Candida-control
7. Mitochondrial

Nutrition is powerful and can significantly improve and even reverse many diseases. If the practitioner is ever in doubt about which therapeutic meal plan is most appropriate, an elimination food plan can be a great place to start. The elimination food plan removes all foods from the diet that promote inflammation or create negative symptoms, including gluten, soy, corn, conventionally-raised red meat, processed meats, dairy, sugar, sugar substitutes, shellfish, peanuts, inflammatory oils, eggs, pork, caffeine, and chocolate. Once these items have been removed, symptoms often dramatically improve. This allows the practitioner to work toward improving overall health and reversing symptoms with the patient for several weeks. After four to eight weeks on the elimination food plan, the removed items are systematically reintroduced to determine which items are not tolerated well and may need to be removed indefinitely. This information is helpful for determining the long-term maintenance nutrition plan.

It should be noted that a food-first approach often takes significant time to tease out the most appropriate plan. There is no perfect meal plan for everyone. The response to foods changes over time and what was previously tolerated may at some point in the future be a hindrance and removed or avoided.

Some patients may have success with a maintenance food plan like the Mediterranean diet right from the start. Most of the time, I place patients on some type of elimination food plan initially, which is not meant for long-term use. When it comes time to choose the maintenance meal plan, I use all the available information gathered from the nutrition assessment and follow up appointments, elimination food plan results, laboratory data, genetic testing, and patient lifestyle to determine which type of long-term meal plan best fits their personal situation. I avoid being overly restrictive and allow the patient to have input in this decision. I also educate patients that the food plan will likely need to be modified as time goes on since the response to foods can change over time.

> Nutritional Supplements

While nutritional supplements can never replace a nutrient-dense meal plan, high-quality supplements can work synergistically with other components to maximize health outcomes.

Genetically, some patients require nutrients in larger doses than can be obtained from food

alone or to maintain optimal nutrient levels. In addition, some patients completely omit certain types of foods, which may require supplementation.

Nutritional supplements can also be a great way to provide high-quality nutrients until the maintenance meal plan can be implemented. I base supplement recommendations on the specific needs of the patient.

Not all supplements are created equally, and the average nutritional or herbal supplement found at a drugstore or supermarket is likely not the best option. The U.S. Food and Drug Administration (FDA) has established the current good manufacturing practices (cGMP) for supplement manufacturers to follow, but unlike prescription medications, supplements do not have to be approved by the FDA prior to coming to the market. It is estimated that 70 percent of supplement companies are not in compliance with the FDA cGMPs. They fail to test, fail to keep records, and many products contain contaminants.

I provide supplement recommendations and educate my patients on the need to choose supplements from reputable sources, such as professional supplement lines as well as high-quality retail options.

> Recommended Lab and Medical Testing

To maximize the tailored nutrition plan, additional medical or laboratory testing may be necessary. During the nutrition assessment and nutrition-focused physical exam, the practitioner may uncover nutrition-related issues that need confirmation, or there may be a beneficial test such as a stool test to help determine the underlying cause of a nutrition-related issue.

Sample Tailored Nutrition Plan

1. **Mitochondrial food plan**
2. **Home stomach acid test**
3. **Recommended supplements:**
   a. *CoQ10, 200mg/day in divided doses*
   b. *Vitamin B complex, once every morning*
   c. *Magnesium glycinate, 200 to 400 milligrams every evening before bed*
   d. *Multivitamin*
   e. *Herbal supplements for joint pain and inflammation*
   f. *½ teaspoon ground cinnamon daily*

4. **Testing:**
   a. *Salivary cortisol test*
   b. *Comprehensive stool analysis*
   c. *Red blood cell magnesium*
   d. *Serum methylmalonic acid*
   e. *Celiac panel with HLADQ2 and HLADQ8*
   f. *Methylenetetrahydrofolate reductase*
   g. *Full thyroid panel including thyroid antibodies*
   h. *Homocysteine*
   i. *Fasting insulin*

5. **Recalibrate circadian rhythm:**
   a. *Sleep hygiene*
   b. *No sunglasses*
   c. *Get early morning natural daylight*

6. **Stress management:**
   a. *Meditation, at least once per day for 10 minutes with a goal of 20 minutes twice per day*
   b. *Massage therapy*

7. **Movement:**
   a. *Try relaxation yoga with a goal of daily practice*
   b. *Walk for 10 minutes after meals if able*
8. **Follow up appointment:**
   a. *Scheduled one month from first appointment*

I always include the recommended medical or laboratory tests in the tailored nutrition plan when indicated. Some examples include:

- Vitamin D level for every patient
- Fasting insulin and gamma-glutamyltransferase levels for those with cardiometabolic symptoms
- Methylmalonic acid, homocysteine, full thyroid panel, and folate for those with complaints of fatigue
- Salivary hormone testing for suspected adrenal dysfunction
- Comprehensive stool testing for those with autoimmunity or digestive dysfunction

> Lifestyle Modification

Lifestyle is powerful when it comes to the tailored nutrition plan. Afterall, if the lifestyle is imbalanced, nutrition-related changes will be more difficult to implement. I address stress management, sleep, exercise, and personal relationships as they relate to the patient personally and provide simple lifestyle-related goals to help optimize the tailored nutrition plan results without overwhelming the patient.

To better manage the stress response, I have clients begin with a simple three-minute meditation once per day and increase over time to a goal of 20 minutes twice per day. If the patient it not currently exercising, I start by recommending a 10-minute walk after every meal and encourage formal exercise as the patient becomes more comfortable. When it comes to strengthening personal relationships, I often have patients aim to cook and share dinner with their loved ones at least three times per week.

I spend a fair amount of time discussing the importance of sleep and often recommend my patients create a healthy sleep routine, such as going to bed before 10 p.m. and waking up before 6 a.m. In addition, I have patients avoid blue light devices within one hour of bed and discourage food intake within three hours of bed to promote restful, restorative sleep.

These simple strategies may seem like common sense, but many patients are not consistently implementing these concepts prior to seeking a tailored nutrition plan. When the lifestyle is brought back into balance, patients are more resilient and successful with nutrition-related recommendations.

> Resources for the Patient

Implementing a nutrition plan is made easier when the patient has accurate, easy-to-understand information. I provide my patients with a detailed list of goals we've created during the appointment along with the resources needed to implement those goals, like meal plans and lifestyle-related resources. I utilize digital food plans and an online customized meal plan platform. In addition, my charting platform contains a documents feature where I can share handouts and resources with patients.

I also refer to other practitioners as needed. Integrative providers should keep a list of professionals available to assist their patients in maximizing outcomes. Consider building relationships with some of the following specialists:

- Registered dietitians
- Chiropractors
- Massage therapists
- Psychologists
- Counselors
- Acupuncturists
- Yoga instructors
- Personal trainers
- Social workers
- Naturopathic doctors
- Integrative physicians

> Monitoring

Providing accountability and feedback are vital for maximizing outcomes in the tailored nutrition plan. My patients have access to me via a mobile app that allows them to ask questions, find helpful resources, and document their progress between sessions. For some patients, I recommend a detailed food and lifestyle journal, either electronically or manually, that can be submitted via my charting platform. For others, I opt for more simple strategies like checking off the days on a calendar if the patient met their daily goals.

Challenges can arise when the practitioner recommends a monitoring technique that doesn't fit into the patient's lifestyle. It would be ideal for every patient to keep a detailed food diary, but this may not be realistic for some patients. There may also be patients who do not like to utilize web-based tools. As with a nutrition plan, it's important to investigate which monitoring techniques will be best for the patient and adjust the plan accordingly.

> Long-Term Nutrition

Once the patient has experienced significant symptom relief and is ready to transition to the maintenance meal plan, I help the patient determine which long-term plan will be most beneficial for their specific condition and lifestyle. I then repeat the process of educating the patient and provide meal plan resources. ●

Developing Nutrition Protocols for Common Conditions

The concepts described in the nutrition care process and care plan can be applied to any condition, including cardiometabolic conditions, autoimmunity, adrenal dysfunction, irritable bowel syndrome, and fibromyalgia. I use this general framework to systematically determine the root cause or causes of symptoms and then develop my protocol for reversing the disease process based on the specific needs of the patient. Once I develop my plan, I work with my patient to formalize the recommendations and provide the tools they need to implement the plan.

Cardiometabolic Conditions

Cardiometabolic diseases encompass several conditions including obesity, type 2 diabetes, metabolic syndrome, cardiovascular disease, prediabetes, non-alcoholic fatty liver disease, atherosclerosis, hypertension, and dyslipidemia. While these diseases manifest in different ways, they all share inflammation and insulin resistance as root causes.

I find these conditions to be some of the easiest to treat with nutrition and lifestyle-related strategies because there are so many options. I target both inflammation and insulin resistance with the cardiometabolic meal plan, which is a modified Mediterranean plan that is phytonutrient-dense with a low glycemic load. I focus on increasing fiber intake, reducing simple sugar intake, and balancing quality fat.

Additional specific items I add include walnuts, as their constituents have been associated with less insulin production and better glucose regulation, olive oil, since it has been found to positively impact glucose regulation and improve insulin resistance, and cinnamon, which has been shown to improve both insulin resistance and inflammation. I often add a probiotic supplement to help preserve insulin sensitivity. A nutrition plan for patients with cardiometabolic conditions may include:

- **Low glycemic, high fiber food plan with an emphasis on at least nine servings of non-starchy vegetables per day, focusing on leafy greens**
- **¼ cup walnuts per day**
- **Two to four tablespoons high quality extra-virgin olive oil per day**
- **½ teaspoon ground cinnamon per day**
- **Two to five cups green tea per day**
- **Omega-3 fish oil, up to three grams per day, with eicosapentaenoic acid (EPA)**
- **Probiotic, including L. acidophilus NCFM daily**

Autoimmunity

There are now more than 80 identified autoimmune disorders and autoimmune disease rates continue to rise. It is estimated that up to 5 percent of the population is affected by autoimmune disease, with the vast majority being women. My autoimmune patients often feel significant frustration, with lack of answers and the relapsing and remitting nature of their condition.

While genetic predisposition and environmental triggers are likely root causes, all autoimmune disorders also share the element of increased intestinal permeability. The practitioner may encounter many different types of autoimmune conditions, but even if a condition is completely unfamiliar with no specific recommended nutrition plan, targeting gut health, in my experience, almost always leads to dramatic symptom improvement.

I initiate the 5-R protocol for digestive health—which stands for remove, replace, reinoculation, regenerate, and retain—for all my autoimmune clients to remove harmful items, replace missing items, repair the intestinal lining, reinoculate the gut, and rebalance the lifestyle.

Additional items I recommend are adequate omega-3 consumption to help with inflammation and vitamin D. I may also consider eliminating night shades. A nutrition plan for those with autoimmune conditions may include:

- **5-R protocol for gut restoration and healing, including an elimination food plan for a minimum of four weeks with personalized nutritional supplementation**
- **Encourage omega-3 consumption with fatty fish twice per week or consider fish oil supplementation**
- **Obtain and maintain adequate vitamin D levels**
- **Long-term tailored anti-inflammatory meal plan with emphasis on plant-based, nutrient-dense foods, such as a modified Mediterranean diet**
- **May consider meal plan eliminating night shades**

Adrenal Dysfunction

Adrenal fatigue is not accepted as a valid diagnosis by the conventional medical community but is nevertheless affecting many of my patients. Nutrition-related changes work synergistically with other lifestyle modalities to restore adrenal function and rebuild the adrenal reserve. When working with these patients, I address blood sugar, remove symptom triggers, and replace nutrients that are missing or in higher demand. I often recommend small, frequent, protein and fiber-containing meals along with eliminating processed foods, refined sugars, and artificial sweeteners. I also remove caffeine and alcohol, since both can affect sleep quality and stimulate the adrenal glands, exacerbating symptoms. If symptoms persist, I recommend a full elimination diet to determine other possible symptom triggers.

I encourage nine servings of vegetables with several of those being leafy greens to maximize nutrient intake and I provide targeted supplementation surrounding the B vitamins, vitamin C, and magnesium. Other nutritional supplements I consider for my patients experiencing adrenal dysfunction include a multivitamin-mineral to fill the gaps, omega-3 fatty acids to decrease inflammation, vitamin D3 to boost the immune system, and a probiotic to target gut health.

A nutrition plan to restore the adrenal reserve may include:

- **Small, frequent, protein and fiber-containing meals**
- **Elimination of processed foods, refined sugars, and artificial sweeteners**
- **Discourage caffeine and alcohol consumption**
- **Encourage at least nine servings of vegetables daily with several servings of leafy greens per day**
- **Personalized nutrient supplementation, including B vitamins, vitamin C, magnesium, omega-3 fatty acids, vitamin D3, and a probiotic**
- **Possible full elimination diet for a minimum of four weeks if significant relief is not realized with initial nutrition-related recommendations**

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) affects up to 11 percent of the world's population, and females are more likely to suffer from the disease. There is no specific conventional treatment for IBS, so my patients often find themselves rearranging their lives to accommodate the illness, and many report a significant reduction in quality of life.

Gut bacteria ferment food particles to create methane, hydrogen, or short-chain fatty acids, and the gut microbiome profile is primarily determined by the foods that an individual chooses to eat. It is known that the gut microbiome is altered in IBS patients.

Using this information, I work with patients to change the fuel provided to the gut bacteria to target and alleviate IBS symptoms. I sometimes choose the low fermentable oligo-, di-, and monosaccharides and polyols (FODMAP) meal plan, which are carbohydrates that are poorly absorbed in the small intestine and fermented in the small or large intestine. I use this meal plan for two to eight weeks only, since it can limit dietary fiber intake, decrease nutrient density, and become difficult to maintain long-term.

Depending on the situation, there are many nutrition-related options to improve IBS symptoms. A nutrition plan for IBS may look like this:

- **Encourage routine meals**
- **Avoid binge drinking and spicy or high fat foods**
- **Increase fiber intake**
- **Limit caffeine consumption**
- **Consider a low FODMAP meal plan or alter the base meal plan to exclude onions, garlic, beans, peas, artichokes, cabbage, watermelon, wheat products, dairy products, fructose-containing sweeteners, carbonated drinks, coffee, and beer**
- **The 5-R protocol with full elimination food plan and tailored nutritional supplementation may be considered**

Fibromyalgia

The cause of fibromyalgia is unknown, which makes effective treatment a challenge. There is no specific nutrition plan for fibromyalgia, but those with this disorder often experience gut, mitochondrial, and adrenal dysfunction, food sensitivities, and micronutrient deficiencies. I always target gut health, weight, and nutrient status with my fibromyalgia patients.

I begin with the 5-R protocol for gut healing and once gut function has been restored, if symptoms persist, I transition patients to the low FODMAP meal plan. Since mitochondrial function is often impaired, I recommend a long-term mitochondrial meal plan which is anti-inflammatory, low-glycemic, gluten-free, low in grains, and high in quality fats. The goal with this meal plan is to improve the production of energy and mitochondrial function. This meal plan focuses on increasing nutrient-dense antioxidant foods and reducing inflammatory foods.

While there is no clear evidence for specific nutrient supplementation for fibromyalgia, I have found optimizing the B vitamins, vitamin D, magnesium, acetyl-l-carnitine, and CoQ10 helpful in symptom relief and supporting mitochondrial function, so I provide targeted supplementation. A nutrition plan for fibromyalgia may include:

- **5-R protocol with full elimination food plan**
- **If gastrointestinal symptoms persist, transition to a low FODMAP diet for up to eight weeks**
- **Long-term mitochondrial food plan**
- **Consider nutrient supplementation with the B vitamins, vitamin D, magnesium, acetyl-l-carnitine, and CoQ10**

Cardiometabolic

Case Study

Matthew was referred for nutrition intervention related to cardiometabolic disease. He is a 15-year-old male in an inpatient psychiatric unit for residential treatment. Upon admission at 14 years old, he weighed 278 pounds and had a body mass index (BMI) of 39.3 indicating obesity.

Initial labs confirmed insulin resistance with hemoglobin A1C (HgbA1c) of 6.1 percent. Matthew reported having been diagnosed with "borderline diabetes" prior to admission. In addition, his family history is positive for type 2 diabetes in both parents.

When I met with Matthew for the initial assessment, he reported daily consumption of regular soda, processed and fast foods, and his vegetable intake was extremely limited. Matthew was skeptical of any significant dietary change and he was especially hesitant to give up soda and concentrated sweets.

I discussed with Matthew the importance of nutrition-related change in disease prevention and, when faced with the possibility of developing type 2 diabetes, he agreed to some minor diet-related changes.

We started with a no-concentrated-sweets diet and I encouraged him to increase his non-starchy vegetable intake and physical activity. After one month, his weight had dropped to 273 pounds and Matthew reported less difficulty walking up the stairs.

After several weeks, there was no significant improvement—his fasting glucose, HgbA1c, and weight remained essentially unchanged. I met with Matthew again and he agreed to walk for ten minutes after every meal, consume one half teaspoon of cinnamon daily at breakfast, and we added a multivitamin with B complex and 1,000 milligrams of omega-3 fatty acids daily. An attempt was made to add walnuts and olive oil to his plan, but Matthew was resistant to this recommendation. One month later, there had been no change in his weight.

I met Matthew a third time and after significant education on the long-term risks of cardiometabolic disease, he agreed to a calorie-controlled, consistent carbohydrate meal plan that included 45 grams of carbohydrate per meal with double non-starchy vegetables. I also added a probiotic to target gut health and insulin resistance. One month later his weight had dropped to 260 pounds. Matthew reported having more confidence and was pleasantly surprised with his progress.

At the one-year follow-up, his HgbA1c dropped to 5.9 percent, weight was 243 pounds, and BMI decreased to 34.3. Matthew reported being happy with his 35-pound weight loss and said he felt much better. He agreed to the addition of one-quarter cup of walnuts, which, while not the therapeutic dose, is a step in the right direction, He also added two tablespoons of extra-virgin olive oil per day.

One and a half years after the initiation of nutrition and lifestyle therapy, Matthew's HgbA1c is down to 5.5 percent, his weight is 212 pounds, and his BMI is down to 30.4. Being creative, flexible, supplying specific nutrients, and allowing Matthew to participate in his own plan have been successful interventions. He struggled with manipulative behaviors and his food intake has been difficult to control at times, but he has been successful with reducing his overall risk and he is hopeful to prevent type 2 diabetes. ●

"Being creative, flexible, supplying specific nutrients, and allowing Matthew to participate in his own plan have been successful interventions."

Psoriasis

Case Study

Heather is a 43-year-old surgeon, with a very busy private practice and two young children. She has a history of plaque psoriasis dating back to the age of twelve. Psoriatic lesions have been located on her scalp, elbows, knees, and shins, with the most troubling areas on her right shin, left elbow, and left knee.

Heather has been under the care of a dermatologist since her diagnosis and has tried numerous tar shampoos, topical steroid creams, sprays, topical vitamin D cream, as well as light therapy. Heather reported her plaque psoriasis as always being present but worse during times of increased stress. She has experienced several traumatic life events that have exacerbated her symptoms. She is of normal weight, with no symptoms of metabolic disease, and has an active lifestyle.

Heather initially sought nutrition therapy related to troubling digestive symptoms and fatigue, but also desired to prevent the long-term complications associated with unmanaged autoimmune disease. When I met Heather, she had already completed a comprehensive stool test and adrenal function panel, so her initial nutrition plan included:

"After three months, Heather transitioned to a tailored Mediterranean diet."

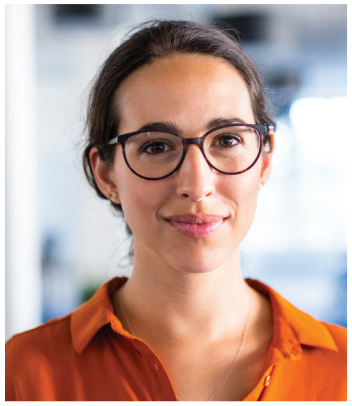
- A full elimination diet for three months
- High-potency probiotic
- 10,000 international units (IUs) vitamin D3 with K2 every other day
- Digestive enzymes with ox bile and betaine hydrochloride prior to each meal
- Whole food multivitamin daily
- L-glutamine powder, five grams per day for eight weeks
- 4000 milligrams omega-3 per day
- Methylated B complex daily
- 2,000 milligrams liposomal vitamin C per day
- Overnight fasting for 12 hours
- Meditation 20 minutes twice per day
- Daily yoga
- High intensity interval training every other day
- Referrals for acupuncture and massage therapy
- Maintain healthy sleep schedule

After one month, Heather stopped all steroidal creams and traditional psoriasis treatments. By the third month, her right shin lesion was gone, the left elbow that previously had three large lesions, were all minimal, and her worst lesion on the left knee was 75 percent cleared. She also reported significant improvement in her digestive symptoms, sleep, and perceived stress.

After three months, Heather was transitioned to a tailored Mediterranean diet to exclude nightshades, gluten, dairy, and eggs since these all seem to be triggers. ●

Adrenal Dysfunction

Case Study



Dene is a 30-year-old female referred for digestive distress, stubborn weight gain, and sleep disturbance. When I met Dene, she complained of abdominal bloating after meals and inability to lose weight despite intense workouts. She had stopped weighing herself five months prior to our meeting due to previous weight obsession and feeling depressed after stepping on the scale.

Dene described her job as very stressful, she was exercising excessively, and complained of terrible self-esteem. She had recently begun seeing a therapist due to mood changes and feeling depressed. She followed a gluten and dairy-free diet and allowed herself a less-restrictive meal one day per week. Her initial symptoms score indicated severe symptoms and she documented mood swings, anxiety, anger, and depression.

I suspected adrenal fatigue as a root cause of her symptoms and salivary cortisol testing revealed phase three adrenal fatigue with low levels of both cortisol and dehydroepiandrosterone (DHEA). The initial nutrition plan included:

1. **Fifteen minutes of meditation twice per day**
2. **Continue the gluten and dairy-free diet, consume nine servings of vegetables per day, and consider a full elimination diet**
3. **Proper sleep hygiene**
4. **Supplements including:**
   - ***Multivitamin-mineral***
   - ***Probiotic***
   - ***Vitamin C, 750 milligrams***
   - ***B Complex***
   - ***Magnesium, 400 milligrams***
   - ***Adrenal formula***
   - ***DHEA, 5 milligrams***
5. **Decrease exercise to only four days per week and reduce the intensity of training**

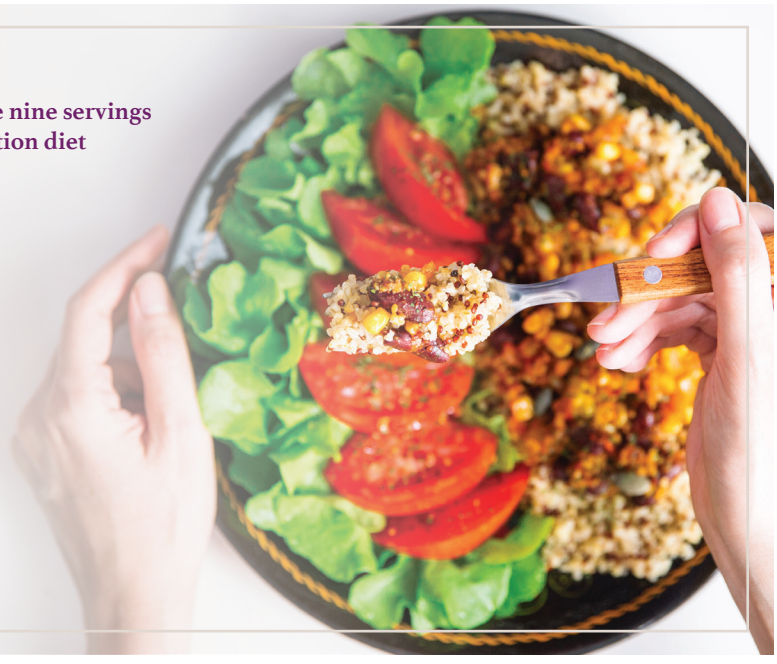
I felt an elimination diet would be very beneficial for Dene based on her symptoms, but she was skeptical and didn't want to implement that change right away. She focused on supplements and remained gluten and dairy-free but didn't experience the results she had hoped for.

After the second month, she implemented a full elimination food plan. At her four-month follow up, she reported, she was sleeping better, wasn't as moody, and noticed weight loss due to the way her clothes fit. While on the elimination diet, she said the weight dropped quickly, perceived inflammation decreased, and she had more muscle tone.

After five months, Dene reported much improvement in energy, sleep, digestive symptoms, sinus congestion, weight and fluid retention, and excessive sweating.

Dene has continued the whole foods, plant-based diet. She does not like taking supplements, so she discontinued the probiotic and opted instead for fermented foods daily. She discontinued the adrenal formula, DHEA, and magnesium, but said she plans to continue the multivitamin-mineral, B complex, and vitamin C supplements.

She has restored her adrenal reserve with nutrition-related strategies, healthy stress management techniques, and by allowing her body the opportunity to rest and recover. ●



Fibromyalgia

Case Study

Ally is a 30-year-old female with a diagnosis of fibromyalgia and chronic pain. Her past medical history included attention deficit hyperactivity disorder, anxiety, urinary tract infections, yeast overgrowth, and migraines.

When I met Ally, she said she thought nutrition therapy would improve her wellbeing, energy, and strength. She was experiencing balance issues, fatigue, myofascial pain, tingling hands and feet, numbness, constant cold sensation, neck and back pain, dizziness, and migraines. These symptoms began when she started college. At one point she had been misdiagnosed with multiple sclerosis. Testing for rheumatoid arthritis, Sjogren's syndrome, Lyme disease and lupus were all negative. She was finally diagnosed with fibromyalgia.

At the time of our initial assessment, Ally already avoided gluten, dairy, alcohol, soda and processed foods, but consumed an extreme amount of coffee. She drank four to six glasses of water per day and reported carbohydrates as comfort foods. She admitted to skipping breakfast due to feeling rushed in the mornings and stated she snacked mostly in the evenings instead of eating dinner due to feeling tired after work.

Her initial weight was 135 pounds, but she had lost 15 pounds over the past year. Her self-reported typical body was 120 pounds and she desired to return to that weight. Physical activity was limited due to pain and Ally reported significant stress related to work and family. She rated her sleep as fair and she admitted to feeling hopeless and discouraged related to her diagnosis and the lack of answers.

I suspected stress and nutrient deficiency as significant factors, so her initial nutrition plan included:

1. **Daily stress relief practice, including 15 minutes of meditation in both early morning and afternoon**
2. **Supplements, including a multivitamin with CoQ10 daily; magnesium glycinate, 200 milligrams before bed; an herbal supplement for inflammation, one capsule twice per day between meals; adrenal formula between meals; buffered vitamin C, 1,000 milligrams per day; methylated B complex, one capsule twice per day; and omega-3, 2,400 milligrams per day**
3. **Salivary cortisol testing related to suspected adrenal dysregulation and her results indicated phase three adrenal dysfunction**
4. **Stool testing was recommended, but the patient**
5. **Restorative yoga daily for 20 minutes**
6. **Full elimination diet for four weeks**
7. **64 ounces of water per day**

At the four-week follow-up, Ally said she felt much more energetic, but she continued to feel excess stress related to work and family. She lost eight pounds and indicated her hairdresser reported her hair was thicker and seemed healthier. She reported no issues related to the elimination diet, but she did miss coffee and ice cream.

The follow-up nutrition plan goals included:

- **Continue all previous goals, but transition to a long-term mitochondrial food plan with at least nine servings of vegetables per day, at least one of those being cruciferous.**
- **Six to eight-minute meditation in the car immediately after work due to reported stress when speaking with her family member on the drive home from work**
- **Consider journaling to help with stress management**
- **Chamomile smoothie before bed to promote restful sleep**
- **Mocha matcha smoothie in the morning using decaf coffee and continue to avoid regular coffee**
- **Avocado ice cream recipe provided as an alternative to regular ice cream**

At her final follow up, Ally's weight was down to 113 pounds and she continued to feel more energetic, especially in the evening. While she would previously come home from work and lay on the couch all evening, she said she is now able to make dinner and reports less physical pain and fatigue. ●

Nutrition Intake Form

Client Information

Full Name: _____ **Date:** _____

ADDRESS:

Street: _____ **City:** _____ **State:** _____ **Zip Code** _____

Phone: _____ **E-mail:** _____

ALLERGIES:

Food _____ **Non-Food** _____ **Environmental** _____

GENETIC BACKGROUND:

Primary Physician _____ **Referred By:** _____

Occupation: _____

Family History

Please describe family history and known genetic disorders:

Nutrition Intake Form

Medical History

Please check any health conditions that your doctor has diagnosed you with and provide the date of onset:

Gastrointestinal	Now	Past	Inflammatory	Now	Past
Celiac disease			Chronic fatigue syndrome		
Crohn's disease			Epstein-Barr Virus		
Gastric or peptic ulcer disease			Graves' Disease		
GERD/heartburn/reflux			Gout		
IBS			Hashimoto's thyroiditis		
SIBO			Herpes		
Ulcerative colitis			Lupus SLE		
Other:			Rheumatoid arthritis		
			Other:		
Respiratory	**Now**	**Past**	**Musculoskeletal**	**Now**	**Past**
Asthma			Chronic pain		
Bronchitis			Fibromyalgia		
Chronic Sinusitis			Migraines		
Emphysema			Osteoarthritis		
Pneumonia			Other:		
Sleep Apnea			**Cardiovascular**	**Now**	**Past**
Tuberculosis			Atherosclerosis		
Other:			High cholesterol		
Cancer	**Now**	**Past**	Heart attack		
			High blood pressure		
			Irregular heart beat		
			Mitral valve prolapse		
			Other:		
Metabolic	**Now**	**Past**	**Neurological**	**Now**	**Past**
Type 1 Diabetes			ADD/ADHD		
Type 2 Diabetes			Alzheimer's disease		
Hypoglycemia			ALS		
Hyperglycemia			Anorexia		
Hypothyroidism			Anxiety		
Hyperthyroidism			Asperger's		
Infertility			Autism		
Metabolic syndrome			Bulimia		
PCOS			Eating disorder, unspecified		
Other:			Memory problems		
			Parkinson's disease		
			Seizures		
			Stroke		
			Mental illness		
			Other:		
Urinary	Now	Past	Dermatological	Now	Past
Kidney stones			Acne		
Prostate problems			Eczema		
Urinary tract infections			Psoriasis		
Yeast overgrowth/infection			Rosacea		
Other:			Skin Rash		
			Other:		

Nutrition Intake Form

Please describe any health condition not listed above:

Please describe any surgeries or hospitalizations:

Please provide diagnostic studies or labs:

Nutrition Intake Form

Oral Health

(Please check yes or no)

Do you visit a dentist regularly (twice per year?) Yes____ No____

Do you have any silver/mercury amalgam fillings? Yes____ No____ How many? _____

Do you have any gold fillings? Yes____ No____

Root Canals? Yes____ No____

Implants? Yes____ No____

Bridges? Yes____ No____

Crowns? Yes____ No____

Other: _____

Birth History

How would you rate your health as a child? Good____ Fair____ Poor____

Were you breastfed? Yes____ No____

Were you delivered vaginally? C-Section?____ Unknown?____

Medications and Supplements

Please list all medications and supplements you are currently taking.

Have you had prolonged use or regular use of any of the following:

NSAIDS, Motrin, Aspirin Yes____ No____

Tylenol Yes____ No____

Opioid pain medication Yes____ No____

PPI's or heart burn medication Yes____ No____

Antibiotics > 3 times per year Yes____ No____

Long-term Antibiotics Yes____ No____

Nutrition Intake Form

Nutrition History

Have you ever had a nutrition consultation? If so, when and what was the outcome:

Have you made any changes to your eating habits related to your health? Please describe:

Do you currently follow any special diet or program? Please describe:

Do you avoid any foods? Please describe:

Height_____ Current Weight_____ Weight History_____ Usual Weight_____ Desired_____ Weight_____

Does your weight affect how you feel about yourself? Please explain:

Nutrition Intake Form

Number of meals eaten per day: _____

Number of snacks eaten per day: _____

What percent of your meals are eaten out each week? >75%____ 50 – 75% ____ 25 – 50%____ <25%____

Meal most often eaten out: Breakfast____ Lunch____ Dinner____

When you eat out, where do you go? _____

Do you avoid any foods or beverage and if so, why? _____

_____

What are your comfort foods? _____

Do you have any food cravings? _____

Are there food textures you avoid? Why? _____

_____

How much water do you drink daily (8 ounce glasses): 6-8____ 4-6____ 2-4____ < 2____

Please check any applicable eating habits.

Eating Habits	Yes	No
Fast eater		
Erratic eating pattern		
Eat too much/overeat		
Late night eating		
Rely on convenience items		
Associate symptoms with eating		
Negative relationship with food		
Dislike healthy food		
Organic food is important to me		
Love to eat		
Love to cook		
Family members have different dietary needs		
Live or eat alone		
Time constraints		
Drink too much alcohol		
Addicted to sugar/sweets		
Eat too many processed carbs (breads, pastas, chip…)		
Struggle with eating issues		
Emotional eating		
Eat fast food frequently		
Poor snack choices		
Do not plan meals or menus		
Travel frequently		
Confused about nutrition information		

Please add any additional comments about eating habits:

Nutrition Intake Form

Digestive Health

	No/Rarely	Occasionally	Often	Frequently
Indigestion				
Burping/Belchin/Bloating after meals				
Cramping during or after meals				
Uncomfortable fullness or pressure after meals				
Bad taste in your mouth				
Small amounts of food fill you up quickly				
No appetite				
The thought of food makes your stomach hurt				
Hunger 1-2 hours after a good-sized meal				
Pain, burning or aching after eating				
Digestive problems that subside with rest and relaxation				
Eating spicy and fatty (fried) foods, chocolate, coffee, alcohol, citrus or hot peppers causes pain				
Nausea at meals				
Swallowing problems with food or liquids				
Abdominal discomfort relieved with passing of gas or BM				
Stool consistency changes from day to day				
Stool odor is embarrassing				
Undigested food in your stool				
Three or more large bowel movements per day				
Diarrhea				
Bowel movement shortly after eating				
Discomfort, pain, or cramps in your lower abdomen				
Emotional stress and/or eating raw fruits and vegetables causes abdominal bloating, pain, cramps, or gas				
Constipation				
Pass mucus in the stool				
Rectal pain, itching or cramping				
No urge to have a bowel movement				
Continual need to have a bowel movement				

Nutrition Intake Form

Lifestyle

Exercise

Do you participate in at least 20 minutes of cardiovascular activity 3 days per week? Please describe your physical activity:

Are there any physical limitations to physical activity?

Smoking/Drug Use

Do you smoke? Do you chew tobacco? Please describe tobacco use:

Are you exposed to secondhand smoke?

Do you use illegal drugs? If so, please describe what and how often:

Nutrition Intake Form

Stress

Do you feel excess stress in your life? Please describe what causes you excess stress:

Do you handle stress well? Please describe what helps you relax:

Do you feel like your life has meaning and purpose?

Do you believe stress is reducing your quality of life?

Nutrition Intake Form

Sleep

Average amount of sleep each weeknight: <6____ 6-8____ 8-10____ 10+____

Average amount of sleep on weekends: <6____ 6-8____ 8-10____ 10+____

Do you have trouble falling asleep? _____

_____

Are you rested upon waking? _____

_____

Do you wake up at night? If so, how often? _____

_____

On a scale of 1 to 5, with 1 being poor, how would you rate the quality of your sleep? _____

Environmental

Do you have chemical sensitivities? If so, please describe:

Are you regularly exposed to any of the following?

Aluminum cookware	**Yes____**	**No____**
Auto exhaust/fumes	**Yes____**	**No____**
Chemicals	**Yes____**	**No____**
Cigarette smoke	**Yes____**	**No____**
Cosmetics	**Yes____**	**No____**
Dry-cleaned clothes	**Yes____**	**No____**
Fertilizers	**Yes____**	**No____**
Heavy metals	**Yes____**	**No____**
Mold	**Yes____**	**No____**
Paint fumes	**Yes____**	**No____**
Pesticides	**Yes____**	**No____**
Pet dander	**Yes____**	**No____**

Other:_____

Nutrition Intake Form

Readiness Assessment

What do you think would make the most difference in your overall health?

How willing are you to do the following: 5 = very willing, 1 = not willing

	5	4	3	2	1
Significantly modify your diet					
Keep a record of what you eat each day					
Modify your lifestyle					
Participate in regular physical activity					
Practice daily relaxation					
Take a nutritional supplement/s					
Have lab tests to check progress					

Please provide additional comments about your readiness to change:

Goals and Concerns

What do you hope to achieve from our work together?

What are your top three health and nutrition concerns?

1. _____
2. _____
3. _____

When was the last time you felt well?

Did something trigger the change in your health?

What makes you feel better?

What makes you feel worse?

Nutrition Intake Form

Client Discussion

Please provide any additional information or provide more detail from the information above that you think might be helpful for me:

Nutrition Intake Form

Three-Day Food Journal

Please keep a detailed list of food/beverages consumed and any side effects or symptoms you experience

	Day 1	Day 2	Day 3
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

Nutrition Intake Form

Three-Day Elimination Journal

Please record your bowel habits for three days, this can be completed during the same three-day food diary period, be specific.

	Time	Consistency (mushy, liquid, hard, formed, etc.)	Comment
Day 1			
Day 2			
Day 3			

Follow-Up Form

General

Has there been any change in your weight? Has there been a change in your energy level? Please describe:

Have you noticed any changes/improvement in inflammation and/or level of discomfort or pain?

Have you noticed any changes in bowel movements?

Have your cravings changed?

Please note any other changes regarding the status of your health.

Follow-Up Form

Meal Plan

How closely are you following your meal plan?

What part did you find the easiest to follow?

What part did you find the most difficult to follow?

Was there a food that you had not eaten before that you tried and really liked? Disliked?

Were you able to find all foods on your plan? If not, what do you need help finding?

How much and what types of fluids are you consuming?

Are you consuming caffeine?

Are you consuming alcohol?

Are you consuming sugar or junk food?

Follow-Up Form

Exercise

What is your current exercise regimen?

Sleep Hygiene

How are you sleeping?

Nutrition Intake Form

Supplements

Have you begun recommended supplements? If yes, which ones?

Have you noticed a change? If yes, please describe.

Labs

Were you able to get any of the requested labs or medical testing? If yes, do you have the results?

Overall, how are you feeling?

What other questions do you have for your practitioner?

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About the Author

Kellie Blake, RDN, LD, IFNCP

Kellie Blake is a registered dietitian, licensed to practice dietetics in West Virginia, Ohio, and Kentucky. She graduated from the University of Kentucky in 2001 with a Bachelor of Science in Dietetics and in 2018, she completed the training to become an Integrative and Functional Nutrition Certified Practitioner. In 2015, Blake was recognized as a Top Ten Dietitian by Today's Dietitian Magazine.

Blake is a fulltime psychiatric dietitian at River Park Hospital, located in Huntington, West Virginia. She uses a functional nutrition approach to mental health challenges and has been instrumental in making meaningful nutrition-related changes in the foodservice department of her facility. In addition to her clinical duties, Blake is the leader of the hospital wellness committee and promotes employee wellness by providing monthly wellness challenges. Blake creates fun challenges to keep her employees engaged and informed about the importance of nutrition and lifestyle change for overall health.

In addition to her work in psychiatry, Blake partners with Hospice of Huntington to help families and patients struggling with end of life nutrition decisions. She provides nutrition education to hospice staff and clients on how to use nutrition-related strategies for symptom management and quality of life.

Blake also has a private practice, NutriSense Nutrition Consulting, LLC, where she utilizes her functional nutrition training to assist clients in preventing and reversing chronic disease. In addition, she is the practice dietitian for the West Virginia Cornea and Cataract Center of Excellence where she provides personalized functional nutrition solutions for those with eye disease.

Blake has used functional nutrition to reverse her own autoimmune disease and is passionate about sharing the food as medicine message. Blake maintains a nutrition and lifestyle blog at **www.nutrisensenutrition.com** and shares her favorite recipes on Instagram **@nutrisensenutrition**.