

Fighting Cancer With Food
Susan Vidaurre, MSN
Cancerfoodfight.com
Nutrition Counseling Agreement

Between Oncology Nutrition Consultant, Susan Vidaurre, PhD, Oncology Nutrition Consultant
and client _____

CANCELLATIONS

Please do your best to adhere to your scheduled appointment. If you need to reschedule, please do so at least **48 hours in advance**. As this is a non-profit with minimal staff if cancelled at the last moment it is difficult to give someone your time at the last minute.

PRIVACY

Client information and records are confidential unless Susan Vidaurre, MSN, receives your advance written permission to disclose or except as required by law. All of our conversations and information exchanged is confidential under HIPAA code.

All email communication is conducted through Google GSuite services. You can read more about it [here](#). I understand that all email, text, and phone conversations may not be secure.

CLIENT RESPONSIBILITIES

I am employing the counseling services of Susan Vidaurre, Cancer Food Fight so that I can obtain information and guidance about health factors within my own control (diet, nutrition, and related behaviors) in order to nourish and support my health and wellness.

I understand that Susan Vidaurre, MSN, is a Certified Oncology Nurse Consultant and Educator and does not dispense medical advice nor prescribe treatment. Rather, she provides education to enhance my knowledge of health as it relates to foods and behaviors associated with eating. I understand nutrition counseling is not a substitute for the diagnosis, treatment, or care of disease by a medical provider.

Nutritional evaluation is not intended for the diagnoses of disease. But rather, serves as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals.

I agree to cooperate in completing questionnaires/ food logs/other assessment material on a timely basis so productive coaching can occur. I know, as the Client, I am responsible for the actions I take.

I recognize that any activity in which problems/life situations are discussed bears some risk, which I, the Client, agree to accept in its entirety. I agree to hold harmless and indemnify Susan

Susan Vidaurre, MSN
svanwey.wixsite.com/website

Vidaurre, Cancer Food Fight, its officers, directors, agents, and representatives from any liability whatsoever resulting from my participation in coaching activities, including but not limited to medical expenses.

I accept the risk of any decision, action, or outcome based on the coaching relationship. I acknowledge that expectations and results of participation in coaching activities vary among individuals and that each individual may not receive the same benefit.

I understand that Susan Vidaurre, MSN, RN may discontinue services to me upon notification in writing for any reason, including the following: your failure to cooperate to the best of your ability in the activities and schedules planned.

SIG

Susan Vidaurre, MSN

Client Signature

Date

Date

My Food Diary

Date: _ _ _ _ _

Monday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Tuesday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Wednesday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Thursday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Friday	
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Saturday	
Breakfast	_____
Snack	_____
Lunch	_____
Dinner	_____
Other	_____

SUNDAY	
Breakfast	_____
Snack	_____
Lunch	_____
Dinner	_____
Other	_____

Notes:

Learn more at https://www.cdc.gov/healthyweight/losing_weight/eating_habits.html



Fighting Cancer with Food is a Non-profit organization providing free nutritional counseling for those that desire to reduce their cancer risk, augment their chemotherapy to be more effective and at the same time reduce side effects of these toxic agents, to reduce their chance of recurrence, and to improve the overall health and quality of their life.

Nutrition Assessment Form

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The beginning

First Name _____ Middle Name _____ Last Name _____

Please indicate your preferred method of contact:

Home Phone • _____ Phone____ email____ Text_____

Work Phone • _____

Email Address _____

Mailing Address _____

Are you Pregnant? _____ Due Date? _____

Scope of Practice Disclaimer

The information provided during this nutritional counseling is for educational purposes, to give you information and provide an understanding about the role nutrition plays in cancer. This is not a cure. Using nutrition modification can complement your treatment, provide better efficacy of chemotherapy, decrease side effects, and improve survival times. A better quality of life has also been demonstrated when nutritional counseling and modifications occur. By completing this intake form you understand you are under no obligation to comply with the nutritionist recommendations. We do not to provide specific legal advice. We are NOT providing medical advice or believe that you should stop treatment. INITIAL HERE

GOALS AND READINESS ASSESSMENT

I would like to visit with the dietitian, today because...

My food and nutrition-related goals are...

My overall, health goals are...

If I could change three things about my health and nutritional habits, they would be....

1. _____

2. _____

3. _____

The biggest challenge(s) to reaching my nutrition goals is/are:

In the past, I have tried the following techniques, diets, behaviors, etc. to reach my nutrition goals...

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following:

To improve your health, how ready/willing are you to...	1	2	3	4	5
Significantly modify your diet					
Take nutritional supplements each day					
Keep a record of everything you eat each day					
Modify your lifestyle (ex: work demands, sleep habits, physical activity)					
Practice relaxation techniques					
Engage in regular exercise/physical activity					
Have periodic lab tests to assess your progress					

LIFESTYLE



Physical Activity: Using the table, please describe your physical act

Activity	Type/Intensity (low-moderate-high)	#Days per week	Duration (minutes)
Stretching/Yoga			
(walking, jogging, biking , etc.)			
- Strength-training (weightlifting , Pilates, yoga)			
Sports or Leisure			
Other (specify/describe)			

Indicate daily stressors and rate the level of stress from 1 (extremely low) to 10 (extremely high):

Work __ Family __ Social __ Financial__ Health__ Other _____

What helps you to unwind?_

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On average, how many hours of sleep do you get? Weekdays ' _____ Weekends _____

Do you smoke? Never In the past Currently How long?_____ _

Alcohol use Never In the past Currently>Type/amount/frequency} _____ / _____ / _____

Drug use Never In the past Currently Type/frequency _____ / _____ Prefer not to discuss

WEIGHT HISTORY:

Height : _____ Current Weight _____ Desired Body Weight _____

Highest Adult Weight _____ When? _____ Weight 1 year ago _____

Have you had any recent changes in your weight that you are concerned about? Yes No

If yes, please explain: _____

DIGESTIVE HISTORY

- Do you associate any digestive symptoms with eating certain foods? Yes No

- Please explain: _____

- How often do you have a bowel movement? _____

- If you take laxatives, what type/brand and how often?

Please circle the correct response.

Would you describe your stools as hard, soft, loose ?

Please Indicated how often you experience the following symptoms:

Heartburn	Often	Sometimes	Rarely
Gas	Often	Sometimes	Rarely
Bloating	Often	Sometimes	Rarely
Stomach pain	Often	Sometimes	Rarely
Nausea/Vomit	Often	Sometimes	Rarely
Diarrhea	Often	Sometimes	Rarely
Constipation	Often	Sometimes	Rarely

DIET HISTORY

Are you follow any special diet, diet restrictions or limitations for any reason (health, cultural, religious or other)? **Yes** **No** , please describe _____

Please list any food allergies, sensitivities or intolerances _____

Who prepares the majority of your meals?

Where do you shop for food? _____

What percent of the foods you eat are... whole foods _____% organic _____% convenience _____%

If you do, how much time do you spend cooking/preparing meals each day? _____

Please indicate the materials you use for cooking and food storage:

Plastic Glass Aluminum Cast iron
Non-stick Other _____

Do you find cooking difficult? Yes No Please describe _____

INTAKE INFORMATION:

If you follow a special diet or nutritional program please check the following that apply:

Low Fat Low Carb High Protein Low Sodium
 No Gluten Vegetarian Vegan Diabetic
 No Dairy No Wheat Weight Loss If Other _____

Which meals do you eat regularly, check all that apply:

Breakfast Lunch Dinner Snacks (time) _____

The nutrition/eating habits that are most challenging for me:

The nutrition / eating habits that are most challenging for me are _____

The nutrition/eating habits that I am most pleased with:

Food Intake: Please indicate the frequency that you eat the following:

How often do you eat:	Never	2-3 times/mo.	1 time/week	2-3 times/week	1 times/day	2-3 time/day
Fast food						
Restaurant food						
Vending machine food						
Cafeteria or buffet food						
Frozen meals						
Home-cooked meals						
Leftovers						
Beef (hamburger, steak, etc.)						
Pork (chop, loin, ham, bacon, etc.)						
Liver						
Lamb						
Poultry (chicken, turkey, etc.)						
Deli meat, type:						
Fish, type:						
Soy foods, type:						
Beans, type:						
Crackers, type:						
Cookies, cakes, muffins						
Whole grains, type:						
Fresh/Raw vegetables						
Cooked vegetables						
Fruit, fresh or frozen						
Canned Vegetables or Fruit						
Margarine						
Dairy (Milk, yogurt, cheese, butter)						
French fries						
Fried meat (chicken, fish)						
Foods with added sweeteners/sugar, type:						
Artificial sweeteners, type:						
Meal Replacements, type:						

Food Cravings: _____

Food dislikes: _____

Eating Style: Based on how you eat on a regular basis, please check all that apply:

- Fast Eater
- Erratic eater
- Emotional eater (stressed, bored, sad, etc.)
- Eat too much
- Late night-eater
- Dislike "healthy" food
- Time constraints
- Travel frequently
- Rely on convenience items
- Eat because I have to
- Poor snack choices
- Negative relationship with
- Confused about nutrition
- Eat Fast Food
- Do not plan meals/menus

The food/nutrition questions that I would like to ask are:
