**Personal Information – Intake form:**

Please fill out the information below (only the relevant questions – related to your question(s) of help). Email this form (in an attachment, preferably in Microsoft Word when possible) at least 2-3 days before the intake consultation takes place. Thank you in advance!

*Our Dieticians will be careful with your private information, all information stays between dietician and client; all information will be confidentially!*

*By completing this form, you agree with the General Terms and Conditions of the Holistic Dietician - DDietist. These Terms and Conditions can be read on the website: www.ddietist.nl → Rates → General Terms and Conditions.*

**Personal information:**

**Full Name:**

**Date of today:**

**Date of Birth:**

**Address:**

**Postcode & City:**

**(Mobile)Phone:**

**Email address *(email addresses only for the use of communication, no spam or newsletters are send)* :**

**Insurance Information:**

**Insurance Authority:**

**Policy number:**

**Social Security Number:**

**Basic or additional insurance:**

**( Please choose here ) your preference for Consultation / Treatment:**

O Dietician package *(intake consultation, long follow up session, personal nutriotional plan, 4 short consultations).*

O Individual (separate) consultations

**Please note:** \* Note: 3 hours of dietary advice are reimbursed from the basic insurance. Please ask an referral to your GP. However, there is an own risk amount of € 385 per calendar year. The first € 385 per year spent on medical expenses are for own costs (this includes all forms of care, exception: Consultations at your GP). If you are additionally insured specifically for dietary advice, the dietary consultations will be reimbursed by your health insurer, after finishing your own risk and the coverage from the basic insurance. Contact the insurance for more information about possible coverage by your health insurance. The client him-/herself is responsible for inquiries to the health insurer regarding the amount of the reimbursement for dietary advice & nutritional advice. The dietician has no influence on the level of the reimbursement regarding consultations.

**Payment information;**
Its only possible to pay the digital consultations by bank-transfer before the consultation takes place (a payment link will be send by phone + an invoice by email), or bank-transfer / cash during the local consultations (in the practice). An invoice will be sent by email (digital consultations) or give during the consultation in the practice, which can be send to the insurance for possible coverage. We are a practice without contracts, because only than your privacy is safe and all information stays between the dietitian and the client (no personal/private information discussed during the consultations will be send to the insurance by the dietician).

**Dietistenpraktijk DDietist is registered by:**
Kwaliteitsregister Paramedici (Quality Register Paramedics)
Nederlandse vereniging van Dietisten (Dutch association from Dietitians) and Natuurdietisten (Nature dieticians The Netherlands).

**Cancelations:**
Appointments can be canceled without costs – with a maximum of 24 hours before the appointment. Appointments canceled within 24h before the appointment will be charged 100%, because of time/practice reservation. Its not possible to anymore to schedule new clients when cancelled within 24h before the appointment and useful time cannot be used anymore for coaching. Cancellations can be done by phone, WhatsApp or email. Its possible to cancel at any time (max. 24h before the appointment without any costs attached), including weekends. For more information: www.ddietist.nl – General terms and conditions.

**Medical history:**

**Name:**

**Age:**

**Weight (kg):**

**Height (cm) :**

**Profession:**

**Profession(s) in the past:**

**Did you have any of the following health problems in the past?**

**Please note a " x" for the health problems that have occurred.**

**If you know the exact values, please note this behind each subject.**

**When you ask current medical information and / or laboratory values ​​( eg a bloed-/lab-/ urine-/faeces research) to your doctor / specialist may also be very useful.**

**\_\_\_\_ Overweight**

**\_\_\_\_ Underweight**

**\_\_\_\_ High blood pressure**

**\_\_\_\_ High Cholesterol**

**\_\_\_\_ High triglycerides**

**\_\_\_\_ High blood sugars**

**\_\_\_\_ Low blood sugar**

**\_\_\_\_ Diabetes Type? \_\_\_\_\_\_\_**

**\_\_\_\_ Stomach or Intestinal Disorders Type? \_\_\_\_\_\_\_**

**\_\_\_\_ Type of Cancer ? \_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Type of food allergies ? \_\_\_\_\_\_\_\_**

**\_\_\_\_ Anaemia ( low iron )**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you suffer from certain symptoms / unpleasant feelings?**

**If 'Yes' , what symptoms / feelings ?**

**For how long do you experience these symptoms / feelings?**

**Has anyone in your family ever had any of the following health problems? Please note in the diagram below :**

**\_\_\_\_ Overweight**

**\_\_\_\_ Underweight**

**\_\_\_\_ High blood pressure**

**\_\_\_\_ High Cholesterol**

**\_\_\_\_ High triglycerides**

**\_\_\_\_ High blood sugars**

**\_\_\_\_ Low blood sugar**

**\_\_\_\_ Diabetes**

**\_\_\_\_ Stomach or Intestinal Disorders Type? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Type of Cancer ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Type of food allergies ? \_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ Anaemia (low iron)**

**Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you take vitamin-/minerals-/herbs-/food- supplements or any other form of supplementation / medication?**

**Please explain:**

**Do you smoke cigarettes or cigars? If so,to what extent?**

**Do you drink alcohol? If so,to what extent?**

**Please tell all medical complications when present. This can be very useful during the consultations / advice.**

**Lifestyle questionnaire:**

**1 ) What would you like to ask the dietician ?**

**2 ) Would you prefer to stay a stable weight, lose weight or gain weight ?**

**Do you have a/What is your goal weight (or certain clothes size in mind)?:**

**3 ) Describe your weekly physical activity**

**(Please also note daily cycling and hiking activities along) :**

**4 ) Have you ever previously tried diets or weight loose plans ?**

**If 'Yes', please explain when, how and how successful your efforts were :**

**5 ) Have you in the last six months, a change observed in weight?**

**Please explain:**

**6 ) Where did you hear the first time of Diëtistenpraktijk DDiëtist or Dascha ? (Yellow Pages , Internet, Google, doctor, friends, etc. )**

**Please answer the following questions as specifically as possible, the more specific the better! If you are not sure about ' how to answer the question, " just write down what you know / can.**

**We look at this form during the appointment and may then make any adjustments when necessary.**

**7 ) My specific goals for moving/sports are:**

**8 ) My specific goals for new eating habits are:**

**9 ) How would you describe your diet, exercise (sport) and healthy living on a scale of 1-10 (10 being very good ) ?**

**10 ) How confident are you on a scale of 1-10 (10 being very confident ) , to make changes in your lifestyle to implement and achieve new goals.**

**Why did you choose this number?**

**How important is it for you?**

**11 ) How motivated are you to achieve your goals a scale of 1-10**

**(10 is very motivated) ?**

**Why did you choose this number?**

**12 ) I believe that there are 'good' and 'bad ' foods and sometimes I feel guilty when ate 'bad ' foods too much and ate too little "good" food….**

**Yes or No. Please explain :**

**13 ) I think I have more time and energy spent on dieting and weight loss than is normal. Yes or No. Please explain :**

**14) I do not just eat when I 'm hungry , but also when I ‘m stressed, angry  lonely, frustrated , or even when I 'm happy. Yes or No. Please explain :**

**15 ) I had or still have a disturbed eating pattern , such as bulimia ,**

**Anorexia , binge eating ( emotional overeating ) , etc.**

**Yes or No. Please explain:**

*(There is an extra questionnaire available for clients with an eating disorder. This form can be send by the dietician or download on the website* [*www.ddietist.nl*](http://www.ddietist.nl) *– page ‘Intakeform and forms’)*

**Looking into the future.....**

**I may be discouraged by / when ..............**

**Name five items that can discourage you to pursuit your goals to improve your nutritional / lifestyle changing status:**

**-**

**-**

**-**

**-**

**-**

**Identify five strategies to fight these barriers:**

**-**

**-**

**-**

**-**

**-**

**Identify five reasons why you would not like to make changes:**

**-**

**-**

**-**

**-**

**-**

**Identify ten reasons why you would like to make changes:**

**-**

**-**

**-**

**-**

**-**

**-**

**-**

**-**

**-**

**-**

**Who can positively influence you in making positive changes in your diet & lifestyle and why?**

**Who can help you to make these changes and in which steps?**

**When I go out to eat, I'll be able to enjoy eating:**

**Yes / No, Why? Please explain.**

**1. I check every few days or every week, I have enough healthy nutrition at home/in the fridge?**

**2. I use a shoppinglist when I go to the supermarket (Do you use a tool or tools to make healthy food choices?): Yes / No . Why? Please explain:**

**How do I convince people who are close to me for the fact that I 'm serious about changing my lifestyle?**

**How can people who are close to me, help me to achieve my goals?**

**I will reward myself with ................ when I've been successful.**

**Is there anything else you would like to tell / to let me know about your lifestyle, eating habits , physical exercise and / or your attitude / behaviour regarding these topics that can help to advise you and help you to achieve your goals during appointments / consultations ?**

**Thank you for filling in the form and see you at our intake appointment!**

**Digital consultations can be done with the following programs;**

Zoom, Skype, Facetime, WhatsApp video (or possibly in consultation with another program).

**Website; For further information:** [**www.ddietist.nl**](http://www.ddietist.nl) / [**www.ddietist.com**](http://www.ddietist.com) / [**www.theholisticdietician.com**](http://www.theholisticdietician.com) **/ .nl**

**Practice address Netherlands (Part-time) & Digital consultations.**

Health Center Rhea

Rheastraat 53A

NL-1076DS Amsterdam

**Owner/founder; Holistic (Nature) Dietitian, Cognitive Behavioral Therapist, Eating Psychology coach, eating disorder coach; Dietetics, Psychology and Spirituality.**

Dascha Willemsen

**Email address:** info@ddietist.nl

**Phone number/WhatsApp:** (+031)(0)6-30005867

**Also**:

[www.dietetiekstudies.nl](http://www.dietetiekstudies.nl) / [www.dietetiekstudies.com](http://www.dietetiekstudies.com)

Podcast - Courses for Consumers & Specializations for Dietitians & Nutrition for General Practitioners and POH.