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NEW CLIENT REGISTRATION

Client Information

First Name: _____

Last Name: _____

Email: _____

Occupation: _____

Body Type*: Small Medium Large

*Wrap fingers around your wrist – Overlap (S), Touch (M), Apart (L)

Phone - Home: _____ Mobile: _____

Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female

Height _____ ft _____ inches BLOOD TYPE: _____

Current Weight: _____ lbs Desired Weight: _____ lbs

Current Body Fat _____ % Desired Body Fat _____ %

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Questions

1. Have you ever been diagnosed with high blood pressure?
 Yes **No**
2. Have you ever experienced pain in your heart or chest?
 Yes **No**
3. Have you ever-felt faint or experienced dizziness?
 Yes **No**
4. Have you ever had lower back pain or discomfort?
 Yes **No**
5. Have you ever had a bone or joint problem that may be worsened by physical activity?
 Yes **No**
6. Have you had surgery of any kind within the past six months?
 Yes If yes, what: _____
 No
7. Are you pregnant or lactating?
 Yes **No**
8. Have you ever been diagnosed with type II diabetes or I?
 Yes If yes, indicate type: **Type I** **Type II**
 No
9. Have you ever suffered from gall bladder problems?
 Yes **No**
10. Have you ever been diagnosed with food allergies and/or been instructed by a physician to avoid certain foods?
 Yes If yes, indicate foods: _____
 No
11. Are you currently taking any prescription medication?
 Yes If yes, indicate which: _____
 No

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12. Have you recently had a blood test that indicated any abnormal readings?

- Yes** If yes, indicate which: _____
 No

13. Have you ever been diagnosed with high cholesterol?

- Yes** **No**

14. Have you ever been diagnosed with a thyroid disorder?

- Yes** **No**

15. Are you currently suffering from a disease or condition not previously listed?

- Yes** If yes, indicate which: _____
 No

16. Have you ever had digestive disturbances such as gas, bloating, Belching and/or nausea after meals?

- Yes** **No**

17. Are you lactose intolerant?

- Yes** **No**

18. Have you ever used or are you currently using laxatives?

- Yes** **No**

19. Are you currently using any form of diuretics or stimulants (Including ephedrine)?

- Yes** **No**

20. Have you ever had an eating disorder?

- Yes** If yes, indicate which: _____
 No

21. Have you ever participated in a commercial diet program?

- Yes** If yes, indicate which: _____
 No

22. Do you suffer from occasional or constant diarrhea?

- Yes** **No**

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23. Do you suffer from occasional or constant constipation?

Yes No

24. Do you drink more than a gallon of water per day?

Yes No

25. Do you suffer from occasional or constant headaches?

Yes No

26. Do you currently smoke cigarettes?

Yes No

27. Do you drink alcoholic beverages?

Yes If yes, indicate how many: 1 - 3 4 - 6 6 +

No

28. How many meals consumed each day?

1 2 - 3 3 - 4 4 - 5 5 +

29. What is the average time interval between each meal (in hours) ?

2 - 3 3 - 4 4 - 5 5 +

30. What is the Size of Each Meal consumed?

Small (200 - 300 Calories)

Medium (300 - 500 Calories)

Large (500 + Calories)

31. What is the amount of Protein Consumed Each Day?

0 - 50 grams

50 - 100 grams

100 - 150 grams

150 + grams

32. Are you a Vegetarian?

Yes No

33. How many days per week will you be able to exercise?

3 - 4 4 - 5 5 - 6

34. How many hours per day will you be able to exercise (in minutes)?

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30 – 45 45 – 60 60 – 90 90 – 120

35. Do you monitor your heart rate while performing cardiovascular exercise?

Yes No

36. Please Check Current Type of Activity

- Professional Sport
- Recreational Sports
- Cardiovascular Exercise
- Cardio Conditioning Classes (spin, aerobics, kickboxing, etc...)
- Strength / Resistance / Weight Training

37. Please Check Occupational Activity Level

- Sedentary: Sitting
- Light: Standing
- Moderate: Walking
- Active: Manual Labor

38. Please Check Current Weekly Physical Activity Level

- Inactive (less than 4 hours of exercise per week)
- Moderately Active (4 hours of exercise per week)
- Very Active (more than 4 hours of exercise per week)

39. How long have you been exercising regularly?

- 0 – 1 Year 1 – 5 Years 5 – 10 Years
- 10 + Years I will never exercise I want to start

40. Resting Heart Rate In Beats Per Minute

- 50 - 55 BPM 55 - 60 BPM 60 - 65 BPM 65 - 70 BPM
- 70 - 75 BPM 75 - 80 BPM 80 - 85 BPM 85 - 90 BPM
- 90 - 95 BPM 95 - 100 BPM I Do Not Know

41. Please Check Current Supplementation Intake:

- Multivitamin / Mineral Antioxidants Omega 3 Fatty Acid
- Calcium
- Other If other/additional, Please List: _____

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42. What time do you typically have your first meal of the day?: _____

43. Some of your current challenges are:

- Emotional Eating (bored, lonely, stress, happy, sad)
- No Time to eat regularly.
- Don't Know What to Eat
- I eat-out at restaurants _____ times a week.
- I love food and it loves me.
- I binge eat _____ times a week, _____ month.
- Chocolate is my weakness.
- Loss of Energy at certain times of the day.
- Hate to exercise
- Don't know how to exercise
- Meal Planning
- Money (It costs more to eat healthy)
- Self Esteem
- Family Influences and Peers
- Negative Self Talk
- Work is my downfall.
- Home is my downfall.
- Parties and Social Events.
- Medical Reasons _____
- Lack of Focus
- Motivation
- Hunger
- Cravings
- Habits or Patterns
- Tradition and genetics are my challenge.
- Comfort Foods
- Unconscious Eating
- Snacking, Grazing and Nibbling
- Too Tired
- Too Busy
- _____

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44. Your daily Schedule is: (Write your schedule of when you get up and what your day is like. Include times that you go to work, take breaks and any other information that will allow us to better understand your lifestyle. On the next page track your meals for the day. Weekends include days that you are not working. If you are retired and your routines are the same then you do not need to complete two routines unless you want me to take into consideration another routine.)

Weekdays

Weekends

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Meal #1:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #2:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #3:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #4:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #5:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #6:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

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Meal #1:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #2:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #3:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #4:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #5:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

Meal #6:

Time: _____ Energy Before: _____ /After _____ (Low/Medium/High)
Hunger Before: _____ /After: _____ (Starving/Hungry/Full)
Water: _____ Drink: _____
Protein: _____ Amt: _____
Carb: _____ Amt: _____
Fat: _____ Amt: _____

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Food Preferences

Check the box next to the foods you really enjoy and want to include in your diet regularly. Draw a line through the foods that you will not eat. The rest of the food is filler and will be used to create more variety.

Proteins

- | | |
|---|---|
| <input type="checkbox"/> Dairy, Lean, Cottage Cheese (LF) | <input type="checkbox"/> Vegetarian - Protein, Yves Just Like Ground |
| <input type="checkbox"/> Dairy, Lean, Cottage Cheese (NF) | <input type="checkbox"/> Vegetarian - Protein, Yves Veggie Deli Slices, Turkey |
| <input type="checkbox"/> Dairy, Lean, Myoplex, Ready to Drink, Carb Sense | <input type="checkbox"/> Vegetarian - Protein, Yves Veggie Dogs |
| <input type="checkbox"/> Dairy, Lean, Protein Powder, Complete Whey, Any Flavor | <input type="checkbox"/> Beef, Non-Lean, Filet Mignon |
| <input type="checkbox"/> Dairy, Lean, Protein Powder, Complete Whey, Any Flavor | <input type="checkbox"/> Beef, Non-Lean, Flank Steak |
| <input type="checkbox"/> Dairy, Lean, Protein Powder, Whey Isolate, Any Flavor | <input type="checkbox"/> Beef, Non-Lean, Ground Beef (x-lean) |
| <input type="checkbox"/> Dairy, Lean, Yogurt, Fage Greek, Fat Free | <input type="checkbox"/> Beef, Non-Lean, Roast Beef (chuck trimmed) |
| <input type="checkbox"/> Fish, Lean, Bass (striped) | <input type="checkbox"/> Dairy, Non-Lean, Mozzarella Cheese (LF) |
| <input type="checkbox"/> Fish, Lean, Catfish | <input type="checkbox"/> Dairy, Non-Lean, Mozzarella String Cheese |
| <input type="checkbox"/> Fish, Lean, Cod | <input type="checkbox"/> Fish, Non-Lean, Eel |
| <input type="checkbox"/> Fish, Lean, Crab | <input type="checkbox"/> Fish, Non-Lean, Herring |
| <input type="checkbox"/> Fish, Lean, Haddock | <input type="checkbox"/> Fish, Non-Lean, Orange Roughy |
| <input type="checkbox"/> Fish, Lean, Halibut | <input type="checkbox"/> Fish, Non-Lean, Salmon |
| <input type="checkbox"/> Fish, Lean, Lobster (boiled) | <input type="checkbox"/> Fish, Non-Lean, Sardine (oil, drained) |
| <input type="checkbox"/> Fish, Lean, Mahi Mahi | <input type="checkbox"/> Fish, Non-Lean, Tuna (solid white/oil) |
| <input type="checkbox"/> Fish, Lean, Scallops | <input type="checkbox"/> Lamb, Non-Lean, Lamb (Chop, Center Cut) |
| <input type="checkbox"/> Fish, Lean, Sea Bass | <input type="checkbox"/> Pork, Non Lean, Pork Loin Trimmed |
| <input type="checkbox"/> Fish, Lean, Sea Trout | <input type="checkbox"/> Poultry, Non-Lean, Chicken Breast, W/out Skin, El Pollo Loco |
| <input type="checkbox"/> Fish, Lean, Shrimp (raw or steamed) | <input type="checkbox"/> Poultry, Non-Lean, Ground Turkey (93%FF) |
| <input type="checkbox"/> Fish, Lean, Snapper | <input type="checkbox"/> Poultry, Non-Lean, Turkey Bacon (ckd) |
| <input type="checkbox"/> Fish, Lean, Swordfish | <input type="checkbox"/> Poultry, Non-Lean, Turkey Sausage |
| <input type="checkbox"/> Fish, Lean, Tuna Albacore H2O | <input type="checkbox"/> Vegetarian - Protein, Tempeh, Cooked |
| <input type="checkbox"/> Fish, Lean, Tuna Steak | <input type="checkbox"/> Dairy, Lean, Yogurt Plain (NF) |
| <input type="checkbox"/> Fish, Lean, Tuna, Ahi | <input type="checkbox"/> Dairy, Non-Lean, Cheese, American |
| <input type="checkbox"/> Fish, Lean, Whitefish | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Brie |
| <input type="checkbox"/> Pork, Lean, Ham (sandwich meat, LF) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Cheddar |

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- | | |
|---|--|
| <input type="checkbox"/> Pork, Lean, Ham, Boar's Head, Low Sodium | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Colby |
| <input type="checkbox"/> Pork, Lean, Pork Tenderloin, Lean | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Cream (LF) |
| <input type="checkbox"/> Poultry, Lean, Egg White Protein Powder | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Cream (whole) |
| <input type="checkbox"/> Poultry, Lean, Chicken Bare Burrito, Baja Fresh | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Feta |
| <input type="checkbox"/> Poultry, Lean, Chicken Breast (bnls/sknls) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Jack |
| <input type="checkbox"/> Poultry, Lean, Chicken Breast (sandwich meat) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Mozzarella (whole) |
| <input type="checkbox"/> Poultry, Lean, Chicken Burrito, Baja Fresh | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Mozzarella String Cheese |
| <input type="checkbox"/> Poultry, Lean, Egg Beaters | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Muenster |
| <input type="checkbox"/> Poultry, Lean, Egg White | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Muenster (LF) |
| <input type="checkbox"/> Poultry, Lean, Egg White Protein Powder | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Parmesan (grated) |
| <input type="checkbox"/> Poultry, Lean, Ground Turkey (99%FF) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Provolone |
| <input type="checkbox"/> Poultry, Lean, Turkey Breast (99% FF) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Ricotta (LF) |
| <input type="checkbox"/> Poultry, Lean, Turkey Breast (fresh, lt meat ckd) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Ricotta (whole) |
| <input type="checkbox"/> Poultry, Lean, Turkey Breast (sandwich meat) | <input type="checkbox"/> Dairy, Non-Lean, Cheese, Swiss |
| <input type="checkbox"/> Poultry, Lean, Turkey Breast, Boar's Head, Low Sodium | <input type="checkbox"/> Dairy, Non-Lean, Milk (LF) |
| <input type="checkbox"/> Poultry, Lean, Turkey Breast, Subway | <input type="checkbox"/> Dairy, Non-Lean, Milk (NF) |
| <input type="checkbox"/> Vegetarian - Protein, Boca Burger | <input type="checkbox"/> Dairy, Non-Lean, Milk (whole) |
| <input type="checkbox"/> Vegetarian - Protein, Boca Burger, The Original | <input type="checkbox"/> Dairy, Non-Lean, Yogurt Plain (LF) |
| <input type="checkbox"/> Vegetarian - Protein, Boca, Breakfast Sausage Patty | <input type="checkbox"/> Dairy, Non-Lean, Yogurt Plain (whole) |
| <input type="checkbox"/> Vegetarian - Protein, Garden Burger, Flame Grilled | <input type="checkbox"/> Dairy, Non-Lean, Yogurt, Dannon Light & Fit, Carb Control, Flavored |
| <input type="checkbox"/> Vegetarian - Protein, Harvest Burger | <input type="checkbox"/> Fish, Lean, Sushi, Shrimp w/rice |
| <input type="checkbox"/> Vegetarian - Protein, Light life Chick n Strips | <input type="checkbox"/> Fish, Lean, Sushi, Tuna w/rice |
| <input type="checkbox"/> Vegetarian - Protein, Morning Star Farm Veggie Sausage Patty | <input type="checkbox"/> Fish, Non-Lean, Sushi, Eel w/rice |
| <input type="checkbox"/> Vegetarian - Protein, Protein Powder, Soy Isopure | <input type="checkbox"/> Fish, Non-Lean, Sushi, Salmon w/rice |
| <input type="checkbox"/> Vegetarian - Protein, Soy Slices | <input type="checkbox"/> Poultry, Lean, Turkey Wrap, Subway |
| <input type="checkbox"/> Vegetarian - Protein, Veggie Patch Meatballs | <input type="checkbox"/> Poultry, Non-Lean, Eggs (whole) |
| <input type="checkbox"/> Vegetarian - Protein, Yves Burger Burger | <input type="checkbox"/> Vegetarian - Protein, Milk, Lactaid 1% |
| <input type="checkbox"/> Vegetarian - Protein, Yves Canadian Bacon | <input type="checkbox"/> Vegetarian - Protein, Soy Milk (LF) |
| <input type="checkbox"/> Vegetarian - Protein, Yves Jumbo Veggie Dog | <input type="checkbox"/> Vegetarian - Protein, Tofu, Silken, Extra Firm |

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Carbohydrates

- | | |
|--|--|
| <input type="checkbox"/> Fruit, Apple | <input type="checkbox"/> Grains, Hot Dog Bun, Wheat |
| <input type="checkbox"/> Fruit, Apple Cranberry Juice (unsw) | <input type="checkbox"/> Grains, Pancake, approx. 4" each |
| <input type="checkbox"/> Fruit, Apple Juice | <input type="checkbox"/> Grains, Pasta (ckd) |
| <input type="checkbox"/> Fruit, Banana | <input type="checkbox"/> Grains, Potato, Baked |
| <input type="checkbox"/> Fruit, Blackberry | <input type="checkbox"/> Grains, Potato, Sweet |
| <input type="checkbox"/> Fruit, Blackberry, Jam | <input type="checkbox"/> Grains, Rice, Brown (ckd) |
| <input type="checkbox"/> Fruit, Blueberry | <input type="checkbox"/> Grains, Rice, Spanish, Small, El Pollo Loco |
| <input type="checkbox"/> Fruit, Cantaloupe | <input type="checkbox"/> Grains, Rice, White (ckd) |
| <input type="checkbox"/> Fruit, Cherries, w/pits | <input type="checkbox"/> Grains, Soup, Split Pea (ckd) |
| <input type="checkbox"/> Fruit, Cranapple Juice (unsw) | <input type="checkbox"/> Grains, Tortilla, 10" Whole Wheat, Low Carb |
| <input type="checkbox"/> Fruit, Cranberry Juice (unsw) | <input type="checkbox"/> Grains, Tortilla, 6" Whole Wheat, Low Carb |
| <input type="checkbox"/> Fruit, Grape Juice (unsw) | <input type="checkbox"/> Grains, Tortilla, Ezekial Sprouted |
| <input type="checkbox"/> Fruit, Grape, Jam | <input type="checkbox"/> Grains, Tortillas, Corn |
| <input type="checkbox"/> Fruit, Grapefruit | <input type="checkbox"/> Grains, Tortillas, Flour |
| <input type="checkbox"/> Fruit, Grapefruit Juice (unsw) | <input type="checkbox"/> Grains, Waffle |
| <input type="checkbox"/> Fruit, Grapes | <input type="checkbox"/> Grains, Wrap, Whole Wheat, Subway |
| <input type="checkbox"/> Fruit, Honeydew Melon | <input type="checkbox"/> Grains, Yams |
| <input type="checkbox"/> Fruit, Kiwi | <input type="checkbox"/> Vegetarian - Carbohydrates, Crackers, Ak-Mak |
| <input type="checkbox"/> Fruit, Lemon Juice, Fresh | <input type="checkbox"/> Vegetarian - Carbohydrates, Rice, Basmati (ckd) |
| <input type="checkbox"/> Fruit, Mango | <input type="checkbox"/> Vegetarian - Carbohydrates, Rice, Brown (ckd) |
| <input type="checkbox"/> Fruit, Nectarine | <input type="checkbox"/> Vegetables, Artichoke Hearts (boiled) |
| <input type="checkbox"/> Fruit, Orange | <input type="checkbox"/> Vegetables, Asparagus |
| <input type="checkbox"/> Fruit, Orange Juice (unsw) | <input type="checkbox"/> Vegetables, Beans, Baked (ckd) |
| <input type="checkbox"/> Fruit, Peaches | <input type="checkbox"/> Vegetables, Beans, Black (ckd) |
| <input type="checkbox"/> Fruit, Pears | <input type="checkbox"/> Vegetables, Beans, Garbanzo |
| <input type="checkbox"/> Fruit, Pineapple | <input type="checkbox"/> Vegetables, Beans, Green |
| <input type="checkbox"/> Fruit, Pineapple Juice (unsw) | <input type="checkbox"/> Vegetables, Beans, Green |
| <input type="checkbox"/> Fruit, Plums, Pitted | <input type="checkbox"/> Vegetables, Beans, Kidney |
| <input type="checkbox"/> Fruit, Raisin, Seedless | <input type="checkbox"/> Vegetables, Beans, Lima |
| <input type="checkbox"/> Fruit, Raspberry, Fresh | <input type="checkbox"/> Vegetables, Beans, Navy |

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- | | |
|--|---|
| <input type="checkbox"/> Fruit, Raspberry, Jam | <input type="checkbox"/> Vegetables, Beans, Pinto |
| <input type="checkbox"/> Fruit, Strawberries | <input type="checkbox"/> Vegetables, Beans, Refried (FF, ckd) |
| <input type="checkbox"/> Fruit, Strawberry, Jam | <input type="checkbox"/> Vegetables, Beans, Soy, Edamame |
| <input type="checkbox"/> Fruit, Syrup, Aunt Jemima Butter Lite, 50%
Reduced Calorie | <input type="checkbox"/> Vegetables, Black Eyed Peas |
| <input type="checkbox"/> Fruit, Tangerine | <input type="checkbox"/> Vegetables, Broccoli |
| <input type="checkbox"/> Fruit, Watermelon | <input type="checkbox"/> Vegetables, Carrot Juice |
| <input type="checkbox"/> Grains, Bagel, All | <input type="checkbox"/> Vegetables, Carrots |
| <input type="checkbox"/> Grains, Bread, 7-Grain | <input type="checkbox"/> Vegetables, Cauliflower |
| <input type="checkbox"/> Grains, Bread, Ezekial Sprouted Bread | <input type="checkbox"/> Vegetables, Celery |
| <input type="checkbox"/> Grains, Bread, French | <input type="checkbox"/> Vegetables, Collard Greens |
| <input type="checkbox"/> Grains, Bread, Italian White Roll, Subway 6" | <input type="checkbox"/> Vegetables, Corn |
| <input type="checkbox"/> Grains, Bread, Oat Bran | <input type="checkbox"/> Vegetables, Cucumber |
| <input type="checkbox"/> Grains, Bread, Pita Wheat | <input type="checkbox"/> Vegetables, Eggplant |
| <input type="checkbox"/> Grains, Bread, Pita White | <input type="checkbox"/> Vegetables, Garden Salad, Lettuce & Vegetables |
| <input type="checkbox"/> Grains, Bread, Pumpernickle | <input type="checkbox"/> Vegetables, Lettuce |
| <input type="checkbox"/> Grains, Bread, Raisin | <input type="checkbox"/> Vegetables, Mushroom, Shitake |
| <input type="checkbox"/> Grains, Bread, Rye | <input type="checkbox"/> Vegetables, Mushroom, White |
| <input type="checkbox"/> Grains, Bread, Sourdough | <input type="checkbox"/> Vegetables, Mustard Greens |
| <input type="checkbox"/> Grains, Bread, Wheat Bun | <input type="checkbox"/> Vegetables, Okra |
| <input type="checkbox"/> Grains, Bread, Wheat Roll, Subway 6" | <input type="checkbox"/> Vegetables, Onion |
| <input type="checkbox"/> Grains, Bread, White | <input type="checkbox"/> Vegetables, Peas, Green (ckd) |
| <input type="checkbox"/> Grains, Bread, White Bun | <input type="checkbox"/> Vegetables, Peppers, Grn/Red |
| <input type="checkbox"/> Grains, Bread, Whole Wheat | <input type="checkbox"/> Vegetables, Pickle |
| <input type="checkbox"/> Grains, Bread, Whole Wheat, Nature's Own | <input type="checkbox"/> Vegetables, Snow Peas |
| <input type="checkbox"/> Grains, Cereal, Bran Flakes | <input type="checkbox"/> Vegetables, Spinach Leaves, Uncooked |
| <input type="checkbox"/> Grains, Cereal, Cheerios | <input type="checkbox"/> Vegetables, Spinach, (ckd) |
| <input type="checkbox"/> Grains, Cereal, Corn Flakes | <input type="checkbox"/> Vegetables, Tofu, Firm |
| <input type="checkbox"/> Grains, Cereal, Corn Grits | <input type="checkbox"/> Vegetables, Tomato |
| <input type="checkbox"/> Grains, Cereal, Cream O Rice | <input type="checkbox"/> Vegetables, Tomato Juice |
| <input type="checkbox"/> Grains, Cereal, Cream O Wheat | <input type="checkbox"/> Vegetables, Tomato Sauce |
| <input type="checkbox"/> Grains, Cereal, Granola (FF) | <input type="checkbox"/> Vegetables, Vegetable Juice, V8 |
| <input type="checkbox"/> Grains, Cereal, Grape Nuts | <input type="checkbox"/> Vegetables, Vegetables Mixed |

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- | | |
|--|--|
| <input type="checkbox"/> Grains, Cereal, Kashi Go Lean | <input type="checkbox"/> Vegetables, Vegetables, Fresh, Small, El Pollo Loco |
| <input type="checkbox"/> Grains, Cereal, Kashi Go Lean Crunch | <input type="checkbox"/> Vegetables, Vegetables, Stir-Fry Mix, Frozen |
| <input type="checkbox"/> Grains, Cereal, Oat Bran (dry) | <input type="checkbox"/> Vegetables, Zucchini |
| <input type="checkbox"/> Grains, Cereal, Oatmeal (unsw) | <input type="checkbox"/> Vegetarian - Carbohydrates, Bean, Lentils, Red, Dry |
| <input type="checkbox"/> Grains, Cereal, Quaker 100% Natural Granola | <input type="checkbox"/> Vegetarian - Carbohydrates, Beans, Adzuki, Dry |
| <input type="checkbox"/> Grains, Cereal, Raisin bran | <input type="checkbox"/> Vegetarian - Carbohydrates, Beans, Anazasi, Dry |
| <input type="checkbox"/> Grains, Cereal, Shredded Wheat | <input type="checkbox"/> Vegetarian - Carbohydrates, Beans, Black, cooked |
| <input type="checkbox"/> Grains, Cereal, Wheaties | <input type="checkbox"/> Vegetarian - Carbohydrates, Beans, Garbanzo, cooked |
| <input type="checkbox"/> Grains, Cous Cous | <input type="checkbox"/> Vegetarian - Carbohydrates, Beans, Kidney, cooked |
| <input type="checkbox"/> Grains, Crackers, Wheat | <input type="checkbox"/> Vegetarian - Carbohydrates, Beans, Pinto, cooked |
| <input type="checkbox"/> Grains, Crackers, Wheat Thins | <input type="checkbox"/> Vegetarian - Carbohydrates, Peas, Split, Dry |
| <input type="checkbox"/> Grains, English Muffin | |

Fats

- | | |
|---|---|
| <input type="checkbox"/> Nuts, Almond Butter | <input type="checkbox"/> Fats, Margarine |
| <input type="checkbox"/> Nuts, Almonds (Raw) | <input type="checkbox"/> Fats, Mayonnaise |
| <input type="checkbox"/> Nuts, Cashew Butter | <input type="checkbox"/> Fats, Mayonnaise (Light) |
| <input type="checkbox"/> Nuts, Cashews (Raw) | <input type="checkbox"/> Fats, Olives (pitted) |
| <input type="checkbox"/> Nuts, Coconut | <input type="checkbox"/> Fats, Salad Dressing, Balsamic Viniagrette, Newman's Own Lighten Up (LF) |
| <input type="checkbox"/> Nuts, Hazelnut Butter | <input type="checkbox"/> Fats, Salad Dressing, Bleu Cheese |
| <input type="checkbox"/> Nuts, Macadamia Nut Butter | <input type="checkbox"/> Fats, Salad Dressing, Caesar |
| <input type="checkbox"/> Nuts, Peanut Butter | <input type="checkbox"/> Fats, Salad Dressing, French |
| <input type="checkbox"/> Nuts, Peanuts (Raw) | <input type="checkbox"/> Fats, Salad Dressing, Italian |
| <input type="checkbox"/> Nuts, Pecans (Raw) | <input type="checkbox"/> Fats, Salad Dressing, Italian, Kraft Lite Done Right |
| <input type="checkbox"/> Nuts, Pistachio Butter | <input type="checkbox"/> Fats, Salad Dressing, Oil/Vinegar |
| <input type="checkbox"/> Nuts, Pistachios (Raw) | <input type="checkbox"/> Fats, Salad Dressing, Ranch |
| <input type="checkbox"/> Nuts, Sesame Butter | <input type="checkbox"/> Fats, Salad Dressing, Ranch, Kraft Lite Done Right |
| <input type="checkbox"/> Nuts, Sunflower Seeds (Raw) | <input type="checkbox"/> Fats, Sesame Dressing |
| <input type="checkbox"/> Nuts, Walnuts | <input type="checkbox"/> Fats, Sour Cream |
| <input type="checkbox"/> Nuts, Walnuts (Raw) | <input type="checkbox"/> Oils, Canola Oil |
| <input type="checkbox"/> Vegetarian - Fats, Almonds (Raw) | <input type="checkbox"/> Oils, Coconut Oil |
| <input type="checkbox"/> Fats, Avocado | <input type="checkbox"/> Oils, Flaxseed Oil |

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- | | |
|--|--|
| <input type="checkbox"/> Fats, Butter | <input type="checkbox"/> Oils, Olive Oil |
| <input type="checkbox"/> Fats, Flax Seed, Ground | <input type="checkbox"/> Oils, Peanut Oil |
| <input type="checkbox"/> Fats, Flax Seed, Ground | <input type="checkbox"/> Oils, Vegetable Oil |
| <input type="checkbox"/> Fats, Guacamole | <input type="checkbox"/> Oils, Walnut Oil |

Meal Replacements

- | | |
|---|---|
| <input type="checkbox"/> Fast Food, QDoba Chicken & Cheese Burrito | <input type="checkbox"/> Protein Bars, Detour Bar |
| <input type="checkbox"/> Fast Food, QDoba Chix Salad w/ Corn Salsa & Pico de Gallo (no Beans) | <input type="checkbox"/> Protein Bars, Greens + Natural Protein Bar |
| <input type="checkbox"/> Fast Food, QDoba Naked Chicken Salad w/ Corn Salsa & Pico & Beans | <input type="checkbox"/> Protein Bars, Lean Body |
| <input type="checkbox"/> Fast Food, QDoba Naked Chicken Salad w/ Corn Salsa , Pico de gallo & Beans | <input type="checkbox"/> Protein Bars, Odyssey Bar |
| <input type="checkbox"/> Fast Food, Qdoba Quesadillas | <input type="checkbox"/> Protein Bars, Pure Protein Bar |
| <input type="checkbox"/> Fast Food, Wendy's Chicken Ceasar Salad (only 1 packet of dressing) | <input type="checkbox"/> Protein Bars, The Natural Bar, Almond Crunch |
| <input type="checkbox"/> Fast Food, Wendy's Mandarin Chix Salad (no almonds, no noodles, 1/2 packet dressing) | <input type="checkbox"/> Protein Bars, Think Thin |
| <input type="checkbox"/> Fast Food, Wendy's Ultimate Chicken Grill | <input type="checkbox"/> Protein Bars, Zone Bar |
| <input type="checkbox"/> Fast Food, Wendy's Ultimate Chicken Grill | <input type="checkbox"/> Meal Replacement, Myoplex, Ready to Drink, Regular |
| <input type="checkbox"/> Meal Replacement, Cliff Builders Protein Bar | <input type="checkbox"/> Protein Drinks, Lean Body Ready to Drink Shake |
| <input type="checkbox"/> Protein Bars, Avid Bar | <input type="checkbox"/> Protein Drinks, Pure Protein Shake |
| <input type="checkbox"/> Protein Bars, Balance Bar | |

Beverages

- | | |
|---|--|
| <input type="checkbox"/> Beverages, Cold, Ice Tea | <input type="checkbox"/> Beverages, Hot, Green Tea |
| <input type="checkbox"/> Beverages, Cold, Water | <input type="checkbox"/> Alcohol, Vodka, Shot |
| <input type="checkbox"/> Beverages, Hot, Coffee | <input type="checkbox"/> Alcohol, Wine, Red |

Desserts

- | | |
|---|--|
| <input type="checkbox"/> Desserts, Low Calorie, Carbolite (FF) | <input type="checkbox"/> Desserts, Low Calorie, Jello, Sugar Free |
| <input type="checkbox"/> Desserts, Low Calorie, Dreyers Fruit Bar | <input type="checkbox"/> Desserts, Low Calorie, Popsicle, Sugar Free, Any Flavor |

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Supplements

- Supplements, Recommended, Omega 3 Fish Oil

Condiments

- | | |
|--|--|
| <input type="checkbox"/> Condiments, BBQ Sauce | <input type="checkbox"/> Condiments, Pepper, Black |
| <input type="checkbox"/> Condiments, Cinnamon | <input type="checkbox"/> Condiments, Relish |
| <input type="checkbox"/> Condiments, Equal | <input type="checkbox"/> Condiments, Salsa (sugar free) |
| <input type="checkbox"/> Condiments, Garlic Powder | <input type="checkbox"/> Condiments, Salt, Low Sodium |
| <input type="checkbox"/> Condiments, Ice | <input type="checkbox"/> Condiments, Soy Sauce |
| <input type="checkbox"/> Condiments, Ketchup | <input type="checkbox"/> Condiments, Stevia |
| <input type="checkbox"/> Condiments, Mrs. Dash | <input type="checkbox"/> Condiments, Sugar |
| <input type="checkbox"/> Condiments, Mustard | <input type="checkbox"/> Condiments, Syrup, Aunt Jemima, 50% Reduced Calorie Butter Lite |
| <input type="checkbox"/> Condiments, Onion Powder | <input type="checkbox"/> Condiments, Vanilla Extract |
| <input type="checkbox"/> Condiments, Oregano | |

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Medical Disclaimer and Waiver

I _____ am fully aware that the **Beyond Harmony Nutrition** program is not designed or intended as treatment for any medical condition. I have been advised to consult my physician prior to beginning this, or any, nutrition and exercise program.

I have notified **Michael Holt, Ph.D.** of any and all medications and/or supplements that I take and/or existing physical and/or medical limitations or conditions.

I hereby waive and hold **Michael Holt, Ph.D. and company** harmless from any and all claims arising from this agreement and/or participation in the **Beyond Harmony Nutrition** program(s).

Signed

Dated

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Client Agreement

Cancellation policy

A time period of at least 24 hours is required to cancel a private session without being charged for that session. **Michael Holt, Ph.D.** will honor the same policy. If for any reason **Michael Holt, Ph.D.**, cancels a session within a 24-hour time frame then the cancelled appointment will be rescheduled and the client will receive an additional complimentary session.

Session Time Frame

Once the first session of the program has begun a six-month time frame will be initiated to use and complete all of the sessions for that program.

For Group Programs you will be required to meet the group times and schedules for the duration of your group program. Any changes to this policy are done on a case by case basis by the group leader.

Refund

Payment is non refundable. In the event that an injury or illness prohibits you from completing the program within the prescribed time, **Michael Holt, Ph.D.** will stay the time of the illness or injury to allow you to complete the program for up to one year from enrollment. It is your responsibility to inform **Michael Holt, Ph.D.** of any upcoming travel or events that may require special planning and/or modifications to your recommended nutrition and exercise program.

Signed

Dated
