



Nutrition Education Intake Form
City of Boulder Parks and Recreation Department
Fitness and Wellness Nutrition Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Where did you hear about this Service? _____

Cancellation and Refund Policy

If the student cancels more than 24 hours prior to the lesson, he or she will have the opportunity to reschedule the personal training session and will not be charged. **However, if a private training session is cancelled within 24 hours, or a student does not arrive for the lesson within 15 minutes of the start time, no refund will be issued under any circumstances.** Refunds are given only at program coordinator discretion.

I read, understand and agree with the cancellation and refund policies.

Signature: _____ Date: _____

Registered Dietitian/Nutritionist/Trainer Use Only			
Registered Dietitian/Nutritionist/Trainer Name: _____			
Session/Sessions purchased (circle):			
One-on-One Training	Semi-private Training	Nutrition Coaching	Employee Wellness
# of sessions purchased _____			
Pre-reg course (please list) _____			



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Acknowledgement of Risk and Waiver of Liability

Name: _____ Date: _____

As a condition of use of any City of Boulder Parks and Recreation facility or participation in any program, sports league, class, recreation or fitness activity, you agree as a participant or parent/guardian of a participant in the program, to assume all risks and hazards of engaging in or as a spectator at any city activity or facility, including assuming all risks for personal injury, death and property damage.

You further agree to hold harmless the City of Boulder, its staff, instructors, volunteers, officials, sponsors, partners or representatives from liability for any losses, damages or injuries that may occur in any way as a result of these activities or facility uses – regardless of cause.

You further certify that you are properly prepared to engage in any activities you have selected and that you have recently consulted a physician to establish that it is safe and appropriate for you to engage in these activities.

Participants (or the parents/guardians of minor children) may also be required to complete a medical health history and/ or sign an additional waiver of liability prior to participation in any programs or classes. Anyone recovering from an injury or illness must first discuss their return to physical activity with their physician and Parks and Recreation instructor prior to enrolling/participating.

You further agree that there is there is risk associated in regard to the COVID-19 pandemic and possible exposure.

Therefore, having read and understood this waiver and in consideration of your accepting my entry into a City of Boulder recreation facility or program, I, for myself and anyone entitled to act on my behalf, waive and release the City of Boulder, all staff, volunteers, sponsors, and representatives from all claims or liabilities of any kind arising out of my participation in (or as a spectator of) any program or use of any facility.

NOTE: If a facility user or program participant is under 18 years of age, you as a parent or legal guardian, agrees to the same terms, conditions and waiver of liability set forth in this agreement.

Signature: _____ Date _____

Participant or parent/guardian (if participant is under 16 years of age)

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MEDICAL CLEARANCE FORM

To be used when a disclosed medical condition or other health information indicates to the nutrition coach that a participant should seek a physician's approval to participate in a nutrition coaching program.

Dear Physician,

Your patient is going to be participating in a City of Boulder Parks and Recreation nutrition coaching program that includes recommendations for healthy eating behaviors. We want to ensure the safety of your patient and ask that you clear him/her for participation by completing this form and indicating any medical conditions or limitations that you may want to communicate to our nationally certified coaching staff.

Participant Name: _____ Date of Birth: _____

Address: _____

I hereby certify that I have examined _____ and that he/she was found to be medically fit to engage in a Parks and Recreation nutrition coaching program as stated below with the following restrictions.

Report of Physician

- I know of no reason why the applicant may not participate in the nutrition coaching program.
- I believe the applicant may participate, but I recommend the following guidelines and precautions be observed.

- The applicant should NOT engage in the following specific activities.

- I recommend that the applicant NOT participate at this time.

Physician Signature: _____ Date: _____

Clinic: _____ Phone Number: _____

If you know of any medical or other reasons why participation in a nutrition coaching program by the applicant would be unwise, please indicate so on this form.

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INFORMED CONSENT AND RELEASE

I have been informed by the coach of this City of Boulder nutrition coaching program that my written responses on the Nutrition Intake Form indicate that I have disclosed a medical condition or other health information that may require further approval from a physician to participate. I have reviewed my completed form with the coach of the nutrition coaching program, who on this basis recommended strongly that I obtain medical clearance from my doctor before participating in this nutrition coaching program.

I nonetheless elect voluntarily to participate in this nutrition coaching program prior to, or in lieu of, obtaining medical clearance from my doctor. I acknowledge that I have been informed fully of the potential additional risk(s) of my participation in this nutrition coaching program. I understand and accept voluntarily these additional risk(s).

I release all claims which may arise against, and agree not to sue, the City of Boulder and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in this nutrition coaching program.

I further agree to indemnify, hold harmless and defend the City of Boulder and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with this nutrition coaching program.

Name of Class or Activity (Print)

Name of Participant (Print)

Signature of Participant

Date

Name of City of Boulder Employee

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Reason for Visit (please circle topics that you are interested in focusing on/gain more knowledge of):

- General Nutrition/Better Eating Habits
- Reading Food Labels
- Obtaining a Healthy Weight
- Healthy Meal Planning and Cooking Techniques
- Low-Sodium Guidelines
- Fats: Healthy vs. Unhealthy
- Fiber: What is it and are you getting enough?
- Sports Nutrition
- Supporting a Healthy Gut
- Special Dietary Needs
- Protein Needs
- Vegetarians and Vegan Diets
- Reducing Added Sugars in your Diet
- Recipe Ideas/Where to Look?
- How to Stock your Pantry, Refrigerator and Freezer for Success
- How to Make Healthy Choices when Eating Out
- How to Feed Your Family Healthy, Quick Meals

Other _____

Nutrition Lifestyle/Eating History:

1. Do you do the grocery shopping? Yes/No/Sometimes/Most of the time (please circle one)
2. Do you do the cooking at home? Yes/No/ Sometimes/Most of the time (please circle one)
3. How often do you eat out during a typical week? _____
4. Do you drink caffeinated beverages? Yes/No If so, how many drinks /day? _____
5. Do you drink alcohol? If so, how many drinks/week? _____
6. Are you allergic to any foods? If yes, please list _____



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7. Do you have any food intolerances/sensitivities? If yes, please list

8. Do you have any certain foods that you avoid from your diet? If yes, please explain:

9. Have you followed, or are you following any particular type diet or eating pattern? Please explain:

10. Have you ever been told by a doctor or registered dietitian to follow a specific nutrition plan? If so please describe: _____

11. Do you have any health/medical conditions or concerns that you would like to share with the registered dietitian or nutritionist?

12. **Optional:** Are you currently taking any medications? If so, please list: _____

13. Are you currently taking any supplements/vitamins/minerals? If so please list with amounts:

Physical Activity:

1. How many days per week do you engage in moderate to vigorous physical activity (like a brisk walk)?
_____ days/week

2. On average, how many minutes do you engage in physical activity at this level? _____
minutes/day

3. How many days a week do you perform muscle strengthening exercises, such as body weight exercises or resistance training? _____ days/week

Weight History

Current Weight: _____ Current Height: _____ Age: _____

Is your current weight stable? Yes/ No Please list any recent weight changes (last year)?

What weight are you happy at physically and emotionally? _____

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Food and Activity Tracker

TO BE COMPLETED BEFORE YOUR FIRST VISIT

Please Read these Instructions Before Recording

You will need to keep track of everything you eat and drink, and your physical activity for a total of 3 days. Ideally you will record for **2 of weekdays and 1 weekend day**. This record will help you and the Registered Dietitian Nutritionist, develop an awareness of your eating habits and energy expenditure in order to formulate individualized nutrition goals. Please follow the instructions below to complete this food/activity record.

1. **Do not change** your eating or exercise habits on the days you are recording. The purpose of the food record is to identify your **typical** eating and activity patterns.
2. Be honest. You will not be judged based on your food choices, but accurate information is to best provide recommendations.
3. Write down **EVERYTHING** you consume including beverage and all physical activity. Before eating, record your hunger/fullness on a scale of 0-10 (1 being ravenous). After exercise, record your perceived rate of exertion also on a scale of 0-10.
4. **Be specific.** Don't forget condiments such as mayonnaise, butter, cheese on your sandwich. Measure or estimate portions as accurately as possible.
5. **RECOMMENDED:** Record the food, beverages and activity as you eat/drink/exercise. Don't rely on your memory. (If needed, keep a notebook with you to record all of the tracking data during the day, then copy in each page below at the end of the day.)
6. Use the following example food/activity record with descriptors of the hunger scales as a guide:

Day of Week & Date	Time & Place	Food & Drink or Physical Activity	Specific amount/Portion Size of Food Or Duration/Speed for Physical Activity	Hunger Scale *Before Eating* 0 = Painfully Hungry 1= Ravenous 2 = Very Hungry 3= Hungry but not starving 4= Stomach feeling slightly empty 5 = Not really hungry or full 6= Stomach feeling slightly full 7= Satisfied and Comfortable 8 = A little bit too full 9= Uncomfortably full 10 = Painfully Full OR Physical Exertion scale 0 = No Exertion, 1 = Very Slight 2 = Slight 3 = Moderate 4 = Somewhat Severe 5 = Severe 7 = Very Severe 9 = Very Very Severe 10 = Maximal Effort	Reason for Eating/Exercise (& any Digestive Issues/Complaints)
Tuesday 1/1/2001	1 pm at Home	Turkey wrap	1 whole wheat 6" tortilla, 3 oz. turkey breast, 1 slice American cheese, 1 tsp. mustard, 1 slice iceberg lettuce	Before eating Hunger = 3 (hungry but not starving)	"Lunch time" or "Bored" or "really hungry, haven't eaten since breakfast"
Tuesday 1/1/2001	4:30 pm at home	Ran 3 miles on treadmill	30 minutes/ 6 mph/10 min/mile	Exertion = 6 (can still talk but slightly breathless)	"Training for Boulder Boulder" "Bloating"

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Day #1: Food/Drink/Activity Tracker

Day of Week & Date	Time & Place	Food & Drink or Physical Activity	Specific amount/Portion Size of Food Or Duration/Speed for Physical Activity	Hunger Scale *Before Eating* (0 - 10) 0 = Painfully Hungry 10 = Painfully Full OR Physical Exertion Scale (0-10) 0 = No Exertion 10 = Maximal Effort	Reason for Eating/Exercise (& any Digestive Issues/Complaints)

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Day #2: Food/Drink/Activity Tracker

Day of Week & Date	Time & Place	Food & Drink or Physical Activity	Specific amount/Portion Size of Food Or Duration/Speed for Physical Activity	Hunger Scale *Before Eating* (0 - 10) 0 = Painfully Hungry 10 = Painfully Full OR Physical Exertion Scale (0-10) 0 = No Exertion 10 = Maximal Effort	Reason for Eating/Exercise (& any Digestive Issues/Complaints)

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Day #3: Food/Drink/Activity Tracker

Day of Week & Date	Time & Place	Food & Drink or Physical Activity	Specific amount/Portion Size of Food Or Duration/Speed for Physical Activity	Hunger Scale *Before Eating* (0 - 10) 0 = Painfully Hungry 10 = Painfully Full OR Physical Exertion Scale (0-10) 0 = No Exertion 10 = Maximal Effort	Reason for Eating/Exercise (& any Digestive Issues/Complaints)