

MODULE 2 OBJECTIVES

- 1** Describe the five steps of the Client Consultation Process and know why each step is important
- 2** Conduct an Initial Interview with a client and document your findings on the appropriate form
- 3** Evaluate a Food Journal and make recommendations for beneficial dietary changes
- 4** Evaluate a NAQ manually and interpret the information as it relates to client concerns

THE 5-STEP CONSULTATION

- 1 Disclaimer + Initial Interview
- 2 Food Journal + NAQ
- 3 Functional Evaluation
- 4 The Plan + Nutritional Recommendations
- 5 Follow-Up Sessions

PRACTICAL PEARL

You do not need to complete all of these steps in one session. Many NTPs break these up into multiple visits to allow more depth.

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A NOTE ON PROCEDURES

No matter what step of the client consultation you are in, you ***MUST*** have detailed procedures in place to ensure success

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PROCEDURES

Proper Procedure = Successful Outcome

A Powerful Consultation + A Superior Examination

=

A Powerful Report

=

A Profound Agreement

=

Successful Course of Outcome

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PROCEDURES *(CONTINUED)*

- Procedures **drive the success** of your practice
- Your “procedure” is a reflection of what you do and what you believe/communicate
- Proper procedures in your office facilitate the care of your clients
- The better your procedure, the better your client compliance

***There is no one magic procedure
that works for everyone***

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STEP 1:

*Conduct an Initial Interview
and have your client sign the Disclaimer*

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THE INITIAL INTERVIEW


- Introduce yourself to the client and provide information on your background and training
- Review and sign the *Disclaimer*
- Discuss the consultation process:
 - *Looking for the cause of the concern*
 - *Determining how nutritional therapy can improve his/her health*

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THE INITIAL INTERVIEW

The *Initial Interview* provides the opportunity to build rapport with your client and gather the information you need to understand their health concerns



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Initial Interview: Confidential Client Health Questionnaire

Consultation Date: _____ Consultation Time: _____

**** All of your personal information will remain strictly confidential! ****

Name: _____

E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Gender: _____ Height: _____ Current Weight: _____

Would you like your weight to be different? _____ If so, what? _____

Occupation: _____ How many hours do you work per week? _____

Relationship Status: _____ Children? _____

Blood Type (if known): _____ Refused by _____

What are your health concerns? _____

What would you like to accomplish/gain from this consultation? _____

Do you sleep well? _____ Do you wake up during the night? _____

If so, what time(s)? _____ What time do you go to bed? _____

What time do you generally wake up? _____

How do you feel when you wake up? _____

Do you drink caffeinated drinks? _____ How much & how often? _____

INITIAL INTERVIEW (CONTINUED)

- Play detective
- Practice the art of listening:
 - *Seek to understand the client and their health concerns*
 - *Focus on the client when s/he is talking and take notes in-between responses*
 - *Look for their bigger concern*



INITIAL INTERVIEW *(CONTINUED)*

- Dig for the underlying cause of the problem:
 - “What happened before that and before that and before that?”
 - “Have you noticed **IT** getting worse lately?”
 - “Have you noticed an associated symptom **YET?**”

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INITIAL INTERVIEW *(CONTINUED)*

- Ask questions regarding the client’s stress level
- Ask about their hobbies, interests, travel, etc.
 - *Provides information on possible exposures*
- Summarize the client’s goals/concerns
- Confirm acceptance of the case

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INTERVIEWING TOOLS

NIA
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Initial Interview: Confidential Client Health Questionnaire

Consultation Date: _____ Consultation Time: _____

**** All of your personal information will remain strictly confidential! ****

Name: _____
 Email Address: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work/Cell Phone: _____
 Date of Birth: _____ Place of Birth: _____
 Age: _____ Gender: _____ Height: _____ Current Weight: _____
 Would you like your weight to be different? _____ If so, what? _____
 Occupation: _____ How many hours do you work per week? _____
 Relationship Status: _____ Children? _____
 Blood Type (if known): _____ Referred by: _____

What are your health concerns? _____

What would you like to accomplish/gain from this consultation? _____

Do you sleep well? _____ Do wake up during the night? _____
 If so, what time(s)? _____ What time do you go to bed? _____
 What time do you generally wake up? _____
 How do you feel when you wake up? _____
 Do you drink caffeinated drinks? _____ How much & how often? _____

Do you smoke? _____ (How much & how often?) _____
 If so, why, how and when did you quit smoking? _____
 Exposure to Secondhand Smoke? _____ If so, how and how long? _____
 Do you drink alcohol? _____ How much & how often? _____
 Do you drink soda (diet or regular)? _____ How much & how often? _____
 What role does exercise play in your life? _____
 How much water do you drink per day? _____

Are you currently taking any vitamins/minerals/herbs/homeopathic remedies, prescriptions, over-the-counter medications, supplements, herbs, teas, pills, or any other supplements? Please list all taken including name, brand, and amount.

Do you have any known allergies to medications or herbs? _____ Please list all: _____

Are you currently under a practitioner's care for a specific health issue? _____
 If so, what treatments are you undergoing? _____

Please list any surgeries, accidents, injuries or childhood diseases you have had along with the type and date: _____

What were your eating habits like as a child? (List types of foods) _____

What percentage of your food is home cooked? _____
 How often do you eat out? _____

WORKSHOP 2A

- Using *Workshop 2a* in your workbook, take turns conducting an *Initial Interview* with a partner
- Record your findings on the appropriate form

STEP 2:

Review a client's Food Journal and Nutritional Assessment Questionnaire

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THE FOOD JOURNAL

The *Food Journal* is the tool used to gather information on the dietary habits of your client

NTA Food Journal		
Name: _____	Date: _____	
Write down everything you eat and drink for three days, including all snacks, beverages, and water. Please include approximate amounts. If you notice any mood or digestive changes associated with a meal/snack, record it in the right-hand column.		
Meal	Beverages	Mood/Digestive Changes
Breakfast (Time: _____)		
Snacks (Time: _____)		
Lunch (Time: _____)		
Snacks (Time: _____)		
Dinner (Time: _____)		
Snacks (Time: _____)		

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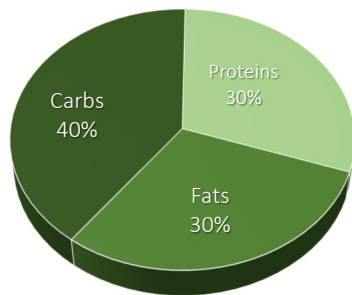
EVALUATING A FOOD JOURNAL

- 1 Check the ratio and quality of macronutrients
- 2 Check for adequate intake of water
- 3 Check for intake of diuretics: alcohol, coffee, black tea, dandelion root tea, soda, energy drinks, fruit juices, etc.
- 4 Check the quality of food, quality, sourcing and preparation
- 5 Check for excessive consumption of sugar and starch (*including fruit, grains, natural sweeteners, tubers, etc.*)

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GUIDELINES & BIO INDIVIDUALITY



Keep in mind that these are broad guidelines:

- **Bio individuality** (*our genetic & geographical makeup along with lifestyle choices*) can determine the unique nutritional needs of each person and adjustments may be necessary

Note: *some people require less carbohydrate and more fat or protein in their diet*

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MACRONUTRIENT CONTENT OF THE PALEOLITHIC DIET

Nutrient	Paleolithic Diet (% total energy)
Protein	19-35 ¹
Carbohydrates	22-44 ¹
Total Fat	28-58 ¹
Saturated Fat (SFA)	10-15
Monounsaturated (MUFA)	16-25
Polyunsaturated (PUFA)	25-40 ²
Trans Fatty Acid (TFA)	0

References: ¹Cordain, et al 2000 *Am J of Clinical Nutrition* & ²S.B. Eaton *Proceedings of the Nutrition Society* (2006), 65, 1-6

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MACRONUTRIENT CONTENT OF THE PALEOLITHIC DIET COMPARED TO TODAY'S WESTERN DIET

Nutrient	Paleolithic Diet (% total energy)	1995-Present (% total energy)
Protein	19-35 ¹	15.4 ¹
Carbohydrates	22-44 ¹	51.8 ¹
Total Fat	28-58 ¹	32.8 ¹
Saturated Fat (SFA)	10-15	12
Monounsaturated (MUFA)	16-25	13
Polyunsaturated (PUFA)	25-40 ²	16.7 ²
Trans Fatty Acid (TFA)	0	2-3

References: ¹Cordain, et al 2000 *Am J of Clinical Nutrition* & ²S.B. Eaton *Proceedings of the Nutrition Society* (2006), 65, 1-6

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PALEOLITHIC DIET & 40/30/30

The 40/30/30 guidelines are within the Paleolithic diet ranges but as you can see there is plenty of room for adjustments to be made for bio individuality

Nutrient	Paleolithic Diet (% total energy)	40/30/30 Guideline
Protein	19-35 ¹	30
Carbohydrates	22-44 ¹	40
Total Fat	28-58 ¹	30
Trans Fatty Acid (TFA)	0	0

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SAMPLE FOOD JOURNAL 1

MEAL + Time	FOODS Everything You Eat	BEVERAGES Everything You Drink	SUPPS & MEDS Everything You Take	NOTES Energy, Mood & Digestion
Breakfast 7:30 am	Yogurt drink			Difficult to wake up. Bloating & gassy 1 hour after breakfast.
	Banana	16 oz. Coffee		
Lunch 10:30 am	Sunflower seeds	Diet Coke		Cranky. Low energy.
	orange			
	Banana			
Lunch 12:30 pm	4 oz. slices of Swiss cheese	iced tea		Gallbladder attack at 3am
	apple			
	Chocolate covered biscotti			

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SAMPLE FOOD JOURNAL 2

MEAL + Time	FOODS Everything You Eat	BEVERAGES Everything You Drink	SUPPS & MEDS Everything You Take	NOTES Energy, Mood & Digestion
Breakfast 7:30 am	3 slices bacon	16 oz. sparkling water		Ate until satisfied and wasn't hungry until lunch.
	2 pastured eggs	4 cups coffee with organic cream		
	2 slices of sprouted toast with butter			
Lunch 10:30 am		Café latte with whole		Full energy. Skipped normal mid-morning coffee.
	Organic trail mix	Sparkling		
Lunch 12:30 pm	mixed green salad	1 glass of white wine		
	wild caught salmon	Water		
	small sweet potato			

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WORKSHOP 2B

- Using *Workshop 2b* in your workbook, work with a partner to determine at least four dietary recommendations for each *Food Journal*
- Record your findings on the appropriate form

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THE NAQ

The *Nutritional Assessment Questionnaire (NAQ)* provides information about the symptoms and health concerns of your client

Nutri-Q Symptom Burden Report

Client Name: [redacted] Birthdate: [redacted] Evaluation Date: 01/19/16
 Address: [redacted] Gender: F

Major Health Concerns

Abdominal pain to mid upper

Notes

Client reports 125 pounds and 125 pounds at last year - seems healthy for her age

Results - Organ Dysfunction Test

CONCLUSION (Color by Score)	SCORE	TOTAL POSSIBLE	PERCENTAGE
Abdominal Dysfunction	79	137	67
Abnormal Hematology	14	78	18
Abnormal Lipid Profile	65	162	40
Abnormal Coagulation	40	122	33
Abnormal Kidney	40	114	35
Abnormal Liver	30	78	38
Abnormal Intestine	27	102	26
Abnormal Thyroid	26	66	39
Abnormal Blood Pressure	25	99	25
Abnormal Heart	25	51	49
Abnormal Bone Density	15	95	16
Abnormal Joint	14	42	33
Abnormal Cardiovascular	14	51	27
Abnormal Pulmonary	14	45	31
Abnormal Kidney	11	45	24
Abnormal Thyroid	10	27	37
Abnormal Intestine	8	26	31
Abnormal Hematology	7	21	33
Abnormal Hematology-Diff. Count	6	12	50
Abnormal Hematology	1	6	16

THE NAQ FORM (SECTION 1)

Nutritional Assessment Questionnaire 1.5

Name: _____ Date: ____/____/____

Birth Date: _____ Gender: _____

Please list your five major health concerns in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

Notes:

Tie the information from the NAQ and Food Journal to the client's perceived health concerns

THE NAQ FORM (SECTION 2)

DIET			58
1. 0 1 2 3	Alcohol	7. 0 1 2 3	Cigars/pipes
2. 0 1 2 3	Artificial sweeteners	8. 0 1 2 3	Caffeinated beverages
3. 0 1 2 3	Candy, desserts, refined sugar	9. 0 1 2 3	Fast foods
4. 0 1 2 3	Carbonated beverages	10. 0 1 2 3	Fried foods
5. 0 1 2 3	Chewing tobacco	11. 0 1 2 3	Luncheon meats
6. 0 1 2 3	Cigarettes	12. 0 1 2 3	Margarine
		13. 0 1 2 3	Milk products
		14. 0 1	Radiation exposure (0=no, 1=yes)
		15. 0 1 2 3	Refined flour/baked goods
		16. 0 1 2 3	Vitamins and minerals
		17. 0 1 2 3	Water, distilled
		18. 0 1 2 3	Water, tap
		19. 0 1 2 3	Water, well
		20. 0 1 2 3	Diet often for weight control
LIFESTYLE			12
21. 0 1 2 3	Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month)		
22. 0 1 2 3	Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months)		
23. 0 1 2 3	Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months)		
24. 0 1 2 3	Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always)		
MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes):			54
25. 0 1	Antacids	39. 0 1	Diuretics
26. 0 1	Antianxiety medications	40. 0 1	Estrogen or progesterone (pharmaceutical, prescription)
27. 0 1	Antibiotics	41. 0 1	Estrogen or progesterone (natural)
28. 0 1	Anticonvulsants	42. 0 1	Heart medications
29. 0 1	Antidepressants	43. 0 1	High blood pressure medications
30. 0 1	Antifungals	44. 0 1	Laxatives
31. 0 1	Aspirin/ibuprofen	45. 0 1	Recreational drugs
32. 0 1	Asthma inhalers	46. 0 1	Relaxants/Sleeping pills
33. 0 1	Beta blockers	47. 0 1	Testosterone (natural or prescription)
34. 0 1	Birth control pills/implant contraceptives	48. 0 1	Thyroid medication
35. 0 1	Chemotherapy	49. 0 1	Acetaminophen (Tylenol)
36. 0 1	Cholesterol lowering medications	50. 0 1	Ulcer medications
37. 0 1	Cortisone/steroids	51. 0 1	Sildenafil citrate (Viagra)
38. 0 1	Diabetic medications/insulin		

THE NAQ FORM (SECTION 3)

PART II (See key at bottom of page)		55	
Section 1 – Upper Gastrointestinal System			
52. 0 1 2 3	Belching or gas within one hour after eating	61. 0 1 2 3	Feel like skipping breakfast
53. 0 1 2 3	Heartburn or acid reflux	62. 0 1 2 3	Feel better if you don't eat
54. 0 1 2 3	Bloating within one hour after eating	63. 0 1 2 3	Sleepy after meals
55. 0 1	Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes)	64. 0 1 2 3	Fingernails chip, peel or break easily
56. 0 1 2 3	Bad breath (halitosis)	65. 0 1 2 3	Anemia unresponsive to iron
57. 0 1 2 3	Loss of taste for meat	66. 0 1 2 3	Stomach pains or cramps
58. 0 1 2 3	Sweat has a strong odor	67. 0 1 2 3	Diarrhea, chronic
59. 0 1 2 3	Stomach upset by taking vitamins	68. 0 1 2 3	Diarrhea shortly after meals
60. 0 1 2 3	Sense of excess fullness after meals	69. 0 1 2 3	Black or tarry colored stools
		70. 0 1 2 3	Undigested food in stool

USING THE NAQ (MANUALLY)

- 1 Look at the form globally
- 2 Add up the numbers in each section to get an overall score
- 3 Record the score on the Symptom Burden Analysis Graph form
- 4 Pay special attention to the sections in the "High Priority" range

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THE NAQ FORM – EXAMPLE

Nutritional Assessment Questionnaire- Symptom Burden Analysis										
Immune System	11	12	13	14	15	16	17	18	19	20
Kidney & Bladder	21	22	23	24	25	26	27	28	29	30
Cardiovascular	31	32	33	34	35	36	37	38	39	40
Women Only	41	42	43	44	45	46	47	48	49	50

Section 1 – Upper Gastrointestinal System

<p>52. 0 1 2 3 Belching or gas within one hour after eating</p> <p>53. 0 1 2 3 Heartburn or acid reflux</p> <p>54. 0 1 2 3 Bloating within one hour after eating</p> <p>55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes)</p> <p>56. 0 1 2 3 Bad breath (halitosis)</p> <p>57. 0 1 2 3 Loss of taste for meat</p> <p>58. 0 1 2 3 Sweat has a strong odor</p> <p>59. 0 1 2 3 Stomach upset by taking vitamins</p> <p>60. 0 1 2 3 Sense of excess fullness after meals</p>	<p>61. 0 1 2 3 Feel like skipping breakfast</p> <p>62. 0 1 2 3 Feel better if you don't eat</p> <p>63. 0 1 2 3 Sleepy after meals</p> <p>64. 0 1 2 3 Fingernails chip, peel or break easily</p> <p>65. 0 1 2 3 Anemia unresponsive to iron</p> <p>66. 0 1 2 3 Stomach pains or cramps</p> <p>67. 0 1 2 3 Diarrhea, chronic</p> <p>68. 0 1 2 3 Diarrhea shortly after meals</p> <p>69. 0 1 2 3 Black or tarry colored stools</p> <p>70. 0 1 2 3 Undigested food in stool</p>
--	---

Mineral Needs	51	52	53	54	55	56	57	58	59	60
Large Intestine	61	62	63	64	65	66	67	68	69	70
Small Intestine	71	72	73	74	75	76	77	78	79	80
Liver & GB	81	82	83	84	85	86	87	88	89	90
Upper GI	91	92	93	94	95	96	97	98	99	100
	HIGH PRIORITY			MODERATE PRIORITY			LOW PRIORITY			

Record the total score here

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WORKSHOP 2C

- Using *Workshop 2c* in your workbook, add up the client's score for each section of the *NAQ*
- Record the score on the *Symptom Burden Analysis Graph*

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A NOTE ON REFERRALS

Make a referral when:

- You suspect the client may have a medical condition
- The client is not getting better
- You need additional information or testing you are not qualified to order

– *Blood work, glucose tolerance test, hair analysis, etc.*

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MAKING A REFERRAL

- Inform your client and make them part of the process
- Contact the provider and tell them what you need or suspect
- Send any appropriate information
- Support the providers that support you



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STEP 3:

*Conduct a Functional
Evaluation Assessment*

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THE FUNCTIONAL EVALUATION

- Inform before you perform
- Use the evaluation as a time to bond with your client
- NTPs use touch as an evaluative tool **NOT** a therapeutic tool

In the connection, the healing happens

FUNCTIONAL EVALUATION FORM

NTA Functional Evaluation Form: NTT Course

Client Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

Age: _____ Male or Female: _____ Height: _____ Weight: _____


Primary Health Concerns:	NAQ Findings:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____




DIGESTION

Stomach
 _____ HCI Point (Z - 1" L) _____ Chapman Reflex (8th L) (LNT)

Pancreas
 _____ Enzyme Point (Z - 1" R)

Gallbladder
 _____ Chapman Reflex (8th R) (LNT) _____ Murphy's Sign (Acute - under ribs R)
(Palpate with knees bent)

Small Intestine
 _____ Bennett Reflexes (Palpate 2-3" around umbilicus) (LNT) 
 _____ Chapman Reflex (8th, 9th, 10th L/R) (LNT)

Large Intestine
 _____ Large Intestine (LNT)  _____ Iliotibial Band (LNT)  _____ Rectocele Valve (LNT) 

FUNCTIONAL EVALUATION (CONTINUED)

Functional Evaluation Form: NTT Course

Client Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

Age: _____ Male or Female: _____ Height: _____ Weight: _____

Primary Health Concerns:

1. _____

2. _____

3. _____

4. _____

5. _____

NAQ Findings:

1. _____

2. _____

3. _____

4. _____

5. _____

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FUNCTIONAL EVALUATION (CONTINUED)

DIGESTION

Stomach

_____ HCl Point (Z - 1" L) _____ Chapman Reflex (6th L) (LNT)

Pancreas

_____ Enzyme Point (Z - 1" R)

Gallbladder

_____ Chapman Reflex (6th R) (LNT) _____ Murphy's Sign (Acute - under ribs R)
(Palpate with knees bent)

_____ Right Thumb Web (Chronic)
(None / Mild / Severe)

Small Intestine

_____ Bennett Reflexes (Palpate 2-3" around umbilicus) (LNT)

_____ Chapman Reflex (8th, 9th, 10th L/R) (LNT)

Large Intestine

_____ Large Intestine (LNT)

b
a c

 _____ Iliotibial Band (LNT)

a
b b

 _____ Ileocecal Valve (LNT)

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FUNCTIONAL EVALUATION (CONTINUED)

SUGAR HANDLING

Adrenals

____ **Ragland's Postural Hypotension** Supine: ____ **S** ____ **D** Standing: ____ **S** only
(Excellent = +6 to 10, Fair = ±0, Poor = 0-10, Fail = -10 to -20, Exhaustion = -20 or more)

____ **Paradoxical Pupillary Reflex**
Excellent = Constricts and holds for 20 seconds
Fair = Constricts and holds for at least 10 seconds then pulses
Poor = Constricts and pulses, then enlarges at 5-10 seconds
Fail = Constricts and pulses, then gets larger almost immediately
Exhaustion = Constricts and immediately becomes larger or fails to constrict altogether

____ **Chapman Reflex Adrenal** (2nd → ↑ umbilicus) (LNT)

____ **Posterior Ilium/Short Leg (LNT)** ____ **Inguinal Ligament Tenderness (LNT)**
(Measure in inches)

Pancreas

____ **Chapman Reflex Pancreas/Spleen** (7th L) (LNT)

____ **Right Thenar Pad tenderness** ____ **T6/T7 tender close to spine (R)**
(None / Mild / Severe)

Liver

____ **Murphy's Sign** ____ **3rd Rib (R) (LNT)** ____ **Chapman Reflex (6th R) (LNT)**
(See Gallbladder) (See Gallbladder)

FUNCTIONAL EVALUATION (CONTINUED)

FATTY ACIDS

____ **Oral pH**

____ **Repeated Muscle Challenge (20X)** Postural: ____ Nonpostural: ____ (LNT)

TISSUE MINERAL STATUS

____ **Lowenburg's Test:** ____ >200 mmHg (LNT) Start: ____ After LNT: ____

____ **Iodine Skin Test:** Time applied ____ Patch faded in ____ hours
(Check for allergy first)

____ **Zinc Status:**
↳ Excellent (strong, unpleasant)
↳ Fair (definite taste—worse)
↳ Poor (dry, mineral, furry)
↳ Deficient (water-like)
↳ Extremely Deficient (sweet)

____ **Iron Deficiency**

HYDRATION

____ **Vascular Hydration Indicator** ____ **Daily Intake of H₂O** ____ **Daily Intake of diuretics**

Kidneys

____ **Chapman Reflex** (1st → ↑ umbilicus) (LNT)

LINGUAL-NEURO TESTING

- After you complete the *Functional Evaluation*, you'll review your findings to determine the weaknesses/deficiencies you want to address first
- Then, you'll use *Lingual-Neuro Testing (LNT)* to find out what nutrient/protocol will work for that client

STEP 4:

*Communicate your client's
customized Plan & Nutritional
Recommendations*

THE PLAN/NUTRITIONAL RECOMMENDATION

- The *Plan/Nutritional Recommendation* session can be completed during a separate consultation or at the end of the Functional Evaluation appointment
- The goal is to give the client a comprehensive plan for their dietary and supplementation protocol

CLINICAL PRESENTATION FORM

<u>Name:</u> _____		Clinical Presentation—Initial Plan				<u>Date:</u> _____	
Client Concerns		Initial Interview Reveals		Food Journal Findings		NAO Priorities	
1) _____	1) _____	1) _____	1) _____	1) _____	1) _____	1) _____	1) _____
2) _____	2) _____	2) _____	2) _____	2) _____	2) _____	2) _____	2) _____
3) _____	3) _____	3) _____	3) _____	3) _____	3) _____	3) _____	3) _____
4) _____	4) _____	4) _____	4) _____	4) _____	4) _____	4) _____	4) _____
5) _____	5) _____	5) _____	5) _____	5) _____	5) _____	5) _____	5) _____
Functional Evaluation Priority Points. (List FE points with high indicator numbers here. Include tested supplements/foods/etc)							
#	Point	Supplement	New #	Supplement	New #	Supplement	New #
Short-Term Goals (Specifics) (NTPs Plan for addressing client concerns and related clinical Findings from 1 st visit up to 2-3 months)				Long-Term Goals (Foundations) (NTPs Long Range Plan for addressing more complicated issues after initial foundational goals are met)			
_____				_____			
_____				_____			
_____				_____			
_____				_____			

YOUR RECOMMENDATIONS

- 1 Keep the protocol and suggestions simple
- 2 Recommend the initial supplement protocol
- 3 Make dietary recommendations
- 4 Suggest exercise and lifestyle recommendations, *if appropriate*
- 5 Make resource recommendations (*books, blogs, classes, groups, etc.*)

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ENDING THE CONSULTATION

- 1 Schedule the follow-up appointment in one to four weeks
- 2 Explain your procedure for reordering supplements between appointments
- 3 Prepare an invoice for the services and products
- 4 Provide a receipt

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STEP 5:

Schedule follow-up sessions

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FOLLOW-UP SESSIONS

- Follow-up sessions can include:
 - *Phone calls*
 - *Email correspondence*
 - *A re-evaluation*
- Phone calls/email are good for checking in with the client after a week or so
- Re-evaluations are comparative exams to measure progress

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THE RE-EVALUATION

- Have the client complete a new **NAQ**
 - *Compare/highlight* the symptoms from the first session and the follow up session
- Review the **Functional Evaluation** form and retest the points that were “hot”
 - *Record* new rating on scale from 1 to 10
- Give positive feedback as you go

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THE RE-EVALUATION CONSULTATION

- Go over the changes in their **Functional Evaluation** scores
- Show the before and after **NAQ** forms with symptoms highlighted
- Help the client realize their effort/expense was *worthwhile*
- Discuss the next steps – *therapeutic* or *maintenance*

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MAINTAIN THE CLIENT

When the client has reached maximum nutritional improvement:

- *Place the client on a maintenance program*
- *Suggest periodic follow up appointments and options for wellness care as appropriate*

BONUS TOPIC:

*Drugs
and Nutrient
Depletion*

FRIGHTENING FACTS

- Prescription drug sales have **increased** from a 72.2 billion dollar industry in 1995 to a 519.2 billion dollar industry in 2009
- According to the 2005 census 45% of all Americans over the age of 18 have taken **at least** 1 prescription drug in the last month
- **7,030 million** prescriptions were filled in 2007
- More than **2 million** people have adverse effects to drugs
- **One in five** hospitalizations are drug-related



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TOP 5 KILLERS

- 1 Heart Disease
- 2 Cancer
- 3 Stroke
- 4 Chronic Lower Respiratory Diseases
- 5 Accidents
 - Car Accidents
 - Prescription Drugs

Center for Disease Control 2009 Leading Causes of Death report

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DEATHS FROM PRESCRIPTION DRUGS

“An article in the *Journal of the American Medical Association (JAMA)* reported that an estimated 106,000 hospitalized patients die each year from drugs which, by medical standards, are properly prescribed and properly administered. More than two million suffer serious side effects. “

*Mercola.com *Lazarou J, Pomeranz BH, Corey PN: "Incidence of adverse drug reactions in hospitalized patients." JAMA 1998;279:1200*

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SIDE EFFECTS: REAL AND IMAGINED

Nonspecific Medication Side Effects and the Nocebo Phenomenon

Arthur J. Barsky, MD
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ABOVE 2 BILLION PRESCRIPTION DRUGS ARE USED EACH YEAR IN THE UNITED STATES, AN INCREASE OF 50% SINCE 1972.¹ Although many side effects are directly related to an action of a drug rather than the drug itself, many others cannot be attributed to their specific pharmacological actions. These nonspecific side effects distress patients, add to the burden of their illness, and increase the costs of their care. They may lead to nonadherence, cause physicians to discontinue what is otherwise an appropriate therapy, or prompt attempts to treat these side effects with additional drugs.

In this article, we use the nocebo phenomenon to explore the occurrence of adverse, nonspecific side effects in patients taking active medication and suggest ways in which clinicians can deal more effectively with them. Side effects occurring in patients taking active medication may be divided into 2 types. “Specific side effects” are symptoms or physiological changes that result directly from the specific biological and pharmacological actions of the drug and tend to be dose-dependent and predictable. “Nonspecific side effects” are symptoms or physiological changes that cannot be explained on the basis of the known pharmacology of the drug and are idiosyncratic and not dose-dependent. In theory, nonspecific side

Patients taking active medications frequently experience adverse, nonspecific side effects that are not a direct result of the specific pharmacological action of the drug. Although this phenomenon is common, distressing, and costly, it is rarely studied and poorly understood. The nocebo phenomenon, in which placebos produce an effect, which identified several nocebo phenomena and/oring active medication: the patient of treatment; a process from prior experiences to assess certain psychological of the tendency to somatize; anxious and other health care professionals to active medication most at risk for developing it with the patient to explain and these both some but neither

specific side effect reporting, which identified several nocebo phenomena and/oring active medication: the patient of treatment; a process from prior experiences to assess certain psychological of the tendency to somatize; anxious and other health care professionals to active medication most at risk for developing it with the patient to explain and these both some but neither

effects may be positive and hence negative and adverse. In this are concerned only with the but in the interests of brevity will general term “nonspecific side effects” refer only to negative or adverse outcomes or physical changes. Similarly, the term “side effects” will be used to refer to unintended adverse effects.

The nocebo phenomenon may help us understand (adverse) nonspecific side effects. The nocebo (from Latin “I will harm”) phenomenon refers to symptoms and/or physiological changes that follow the administration of an inert, chemically inactive substance that the patient believes to be an active drug. The term nocebo was originally coined by disturbance of the nocebo effect in Latin “I will harm” from

Patients taking active medications frequently experience adverse, nonspecific side effects that are not a direct result of the specific pharmacological action of the drug.

JAMA, February 6, 2002

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INTERESTING SIDE NOTE

Nonspecific Medication Side Effects and the Nocebo Phenomenon

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Patients taking active medications frequently experience adverse, nonspecific side effects that are not a direct result of the specific pharmacological action of the drug. Although this phenomenon is common, distressing, and costly, it is rarely studied and poorly understood. The nocebo phenomenon, in which placebo produces adverse side effects, offers some insight into nonspecific side effect reporting. We performed a focused review of the literature, which identified several factors that appear to be associated with the nocebo phenomenon and/or reporting of nonspecific side effects while taking active medication: the patient's expectations of adverse effects at the outset of treatment; a process of conditioning in which the patient learns from prior experiences to associate medication-taking with somatic symptoms; certain psychological characteristics such as anxiety, depression, and the tendency to somatize; and situational and contextual factors. Physicians and other health care personnel can attempt to ameliorate nonspecific side effects to active medications by identifying in advance those patients most at risk for developing them and by using a collaborative relationship with the patient to explain and help the patient to understand and tolerate these bothersome but nonharmful symptoms.

JAMA. 2002;287:1223-1227.

effects may be positive and beneficial or negative and adverse. In this article, we are concerned only with the latter, and in the interests of brevity will use the general term "nonspecific side effects" to refer only to negative or adverse symptoms or physical changes. Similarly, the term "side effects" will be used to refer to unintended adverse effects.

The nocebo phenomenon may help us understand (adverse) nonspecific side effects. The nocebo (meaning in Latin "I will harm") phenomenon refers to symptoms and/or physiological changes that follow the administration of a inert, chemically inactive substance that the patient believes to be an active drug. The term nocebo (nonspecific, pain-relieving, distressing, the placebo effect) is derived from the Latin word "nocebo" (I will harm) from

its botanical, therapeutic effects," and in this article it will be used broadly to refer to all distressing symptoms that accompany placebo administration.

Methods

We conducted a focused review of articles relevant to the nature, incidence, magnitude, and medical management of nonspecific medication side effects. The MEDLINE database was searched for English-language articles from 1966 through the present, using the following Medical Subject Headings (MeSH) terms: adverse effect, side effect, symptoms, nocebo, placebo, drug

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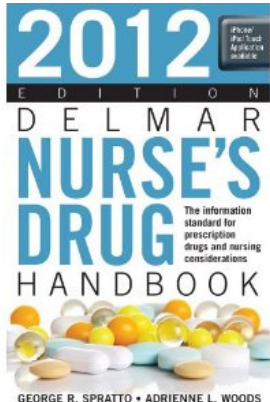
Reidenberg and Lowenthal ascertained the incidence of 25 commonly reported symptoms in **healthy persons** who were not taking any medicines:

- 39% reported fatigue
- 26% difficulty concentrating
- 23% drowsiness
- 14% headache
- 5% dizziness

PDR NURSE'S DRUG HANDBOOK

Practical Pearl

Purchase a PDR Nurse's Drug Handbook and photo copy the list side effects for each medication your client is taking



DRUGS DEplete NUTRIENTS

Side effects are just one of the issues with prescription drugs, there are also nutritional impacts

Prescription Drugs = Nutritional Depletion

Nutrients Depleted by Birth Control Pills

- Vitamin B6**
- Vitamin B1
- Vitamin B2
- Vitamin B3
- Vitamin B12
- Magnesium
- Zinc
- Selenium

***Every amino acid reaction in the body requires B6 as a cofactor*

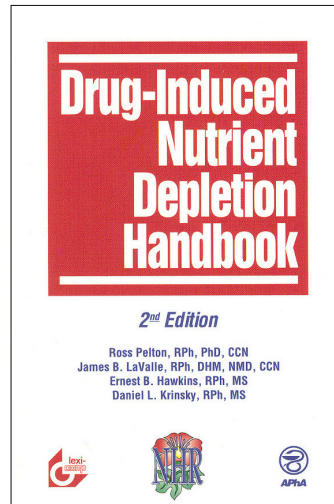
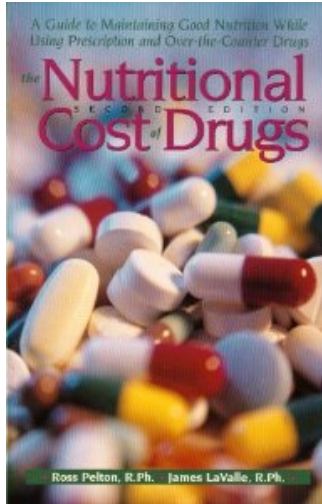
ADVISE YOUR CLIENTS



Any client taking medications should be advised to consult with their pharmacist or medical doctor for possible drug-nutrient interactions

You own advising your client to consult with the appropriate professional, and your client owns doing the research

HELPFUL RESOURCES



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EXAMPLES

Prescription Drug	Nutrient Depletion
Loop Diuretics and Thiazide Diuretics*	Depletes sodium
Lithium*	Depletes Inositol
Warfarin*	Depletes Vitamin K

**Replacement not recommended*

Research all medications

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MODULE 2 SUMMARY

- 1** Describe the five steps of the Client Consultation Process and know why each step is important
- 2** Conduct an Initial Interview with a client and document your findings on the appropriate form
- 3** Evaluate a Food Journal and make recommendations for beneficial dietary changes
- 4** Evaluate a NAQ manually and interpret the information as it relates to client concerns