**Sarah O’Hara, RD**

[www.sarahoharanutrition.com](http://www.sarahoharanutrition.com)

Calgary, AB Canada

587-889-2831

Pediatric Intake + Consent Form

Thanks so much for completing this intake and consent form! The information contained within will help me to best assess your child’s nutrition concerns and use our time efficiently to meet your needs. **Please complete and return via email in advance of your appointment.**

# Child’s information

Name:

Birth-assigned gender:

Date of birth:

Preemie? (If yes, born at \_\_weeks gestation):

Medical History or Health Concerns:

Birth weight and length:

Most recent weight & date of weigh in:

Most recent length/height & date of measurement:

Please list any known food allergies/intolerances and associated symptoms:

Please list any supplements/medications given routinely:

Do any family members have dietary restrictions? If yes, please elaborate:

## 24h Nutrition History or Typical Day’s Food and Beverage Intake

Please complete as best you can over the course of a typical 24 hour period sometime within the week leading up to your scheduled appointment. Include breastfeeding and/or formula intake as well.

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| --- | --- | --- | --- |
| Time of day | Food/Drinks offered (please include water) | Amount consumed | Temperament/mood, hunger level, or other notes |
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### Digestive health

Typical number of bowel movements per day:

Stool consistency/colour/etc (hard, formed, soft, loose, oily, floating, sinking, colour, or other notable attributes):

## Please note any concerns/challenges with growth, temperament, development, or stools:

# Please feel free to describe any other issues, questions, or concerns you would like to address during your consultation.

## **Consent to the Collection, Use and Disclosure of Personal Health Information**

It is important for me to get your INFORMED consent before I provide any Nutrition Counselling Services to you and/or your family. I want you to understand what I do with the personal health information I collect about you. Please ensure that you have read and understood 1) my Privacy Statement, 2) my Privacy, Payment and Complaint Policy, and 3) my Electronic Counseling and Privacy policy. These important documents are provided to you via email prior to initial consultation and may be requested by you at any time. A copy of this consent form must be reviewed, signed, and returned to me via email at info@sarahoharanutrition.com prior to your initial consultation. You will have a chance to ask any questions you may have on my detailed policies in advance of our meeting via email, or at the beginning of our online counselling session. You may ask me any questions about these policies at any time during our professional relationship.

**I understand that in order to provide me and/or my family with individualized nutrition services, Sarah O’Hara, Registered Dietitian, will collect personal information about my child (such as, but not limited to, birth date, contact information, health history).**

I have reviewed and been given an electronic copy of Sarah O’Hara’s policies on the collection, use and disclosure of personal health information. I understand how these policies apply to me. I have been given a chance to ask questions about the detailed Privacy, Payment, and Complaint Policy and the Electronic Counseling and Privacy Policy and they have been answered to my satisfaction.

I understand that Sarah O’Hara will only collect, use or disclose my/my child’s personal health information with my express or implied consent, unless a collection, use or disclosure without consent is permitted or required by law.

In addition to providing individualized nutrition services, I authorize Sarah O’Hara, Registered Dietitian to collect, use and disclose my/my child’s personal health information for the following purposes:

* to notify me of new services or goods offered by her and her associates
* to notify me of special events and opportunities offered by her and her associates
* to share information with my child’s physician:
* to share information with my child’s other health professional/s:

I understand that I can withdraw my consent at any time by contacting Sarah O’Hara RD and am required to this in writing. I agree to Sarah O’Hara collecting, using and disclosing personal health information about my child as set out above and in the written statement.

By writing/typing in my full legal name and date of consent below, I am providing my consent to the collection and use of my/my child’s information as outlined above.

**Full Legal Guardian’s Name:**

**Child’s Full Legal Name:**

**Date of Consent:**