



Optimum Function Patient Checklist:

PLEASE FILL OUT AND/OR SIGN THE FOLLOWING FORMS

- Precision Nutrition Program Participant Acceptance Policy
- The Precision Nutrition Intake Form
- 3-Day Diet Diary
- When all of these forms are completed, feel free to return them to me before your initial visit by faxing them to 503-716-4575 or scanning and emailing them to forms@OptFunction.com

Yours in Health

Tim Irving DC, MS, LMT, Body Transformation Specialist, CKTP, CHt
819 SE Morrison St., Suite 215
Portland, Oregon, 97214



Precision Nutrition Program Participant Acceptance Policy

In order to best serve you, the *Patient Acceptance Policy* should be carefully reviewed. It is my opinion that you should be well informed regarding expectations and procedures. To prevent any misunderstandings or confusion on what to expect, I need you read the steps below and provide your signature. This would simply imply that you have read the *Patient Acceptance Policy* and understand what is expected of you.

1. Completion of the required forms:

- It is **VERY** important for you to carefully and thoroughly complete all of these forms prior to our first appointment. In many cases, the Precision Nutrition Program works **EXTREMELY** well and efficient but it takes participation on both my end and yours.

2. **The cost of your initial appointment is included in the price of the program.** If you paid for the entire 4 months of the program at once then, you're all set; if not, you will need to pay the \$49 per biweekly meeting each time we see each other.

3. The Program consists of:

- a. 1 Precision Nutrition Program Kit that you will receive during our first meeting
 - b. An initial visit where I will:
 - i. Conduct an interview
 - ii. Take body composition measurements
 - iii. Go over you paperwork if you haven't handed it in earlier
 - iv. Help you set your expectation and goals and help to send you away with a few dietary habits to start the program "on the right foot"
 - c. Biweekly meetings (7 in total over the next 4 months) that will consist of:
 - i. Body composition measurements
 - ii. A review of your biweekly reporting sheets
 - iii. Reviewing what you feel you successes and/or failures were over the previous 2 weeks
 - iv. Troubleshooting
 - v. Lessons on proper eating, food prep and time management to help you succeed.
 - d. Online forum support from the Precision Nutrition Team
 - e. Online, phone and email support from me
4. It is strongly recommended that you have access to a computer with Internet Connection. The program includes online support from me and other experts. In addition, I will email you articles and handouts that will help you succeed. Correspondence by e-mail is strongly encouraged and is **Free of Charge**.

I, _____ (print your name) have read and fully understand the **Patient Acceptance Policy**

Your Signature

Date

Dr. Tim Irving



General Information:

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Gender: M F Date of birth: _____

Height (barefoot): _____ Weight (clothed): _____

Activity Level (check only one)

Sedentary (little or no exercise, desk job or bed ridden)

Light Activity (light exercise – sports 1 to 3 days per week)

Moderate Activity (moderate exercise – sports 3 to 5 days per week)

Very Active (hard exercise – sports 6 to 7 days per week)

Extra Active (hard daily exercise – sports and physical job)

Surgery (very recent or pending – check only one)

Minor

Major

Infection (current only – check only one)

Mild

Moderate

Severe

Trauma (very recent only)

Muscular/Skeletal (sprains, fractures, etc.)

Lean Body Mass or Percent Body Fat (if known): _____

If Pregnant - Trimester: 1 2 3

Food Allergies or Sensitivities: _____

Are you willing to eat (check all that apply):

Red Meat Poultry Fish Dairy Eggs

Blood Type:

O A (subtype unknown) AB (subtype unknown) B A₁ A₂ A₁B A₂B Rh negative

What are your specific goals (rank these goals according to importance with 1 being the most important and 8 being the least)?

Improved Health		Improved Endurance	
Increased Strength		Sports Specific*	
Increased Muscle Mass		Lose Fat	
Increased Power		Gain Weight	

*If "sports specific" was selected, please provide the sport / athletic event you are training for:



Optimum Function: Precision Nutrition Intake Form

Is there a specific timeline for achieving a specific goal?

Which of the following is more important to you (Circle)?

- Immediate progress that's less easily maintained
- Maintainable progress that may not be as rapid

Please explain below:

Training Information:

How would you rate your ability with the following exercises (check the box that corresponds with your ability):

	Advanced	Intermediate	Novice	Unfamiliar
Compound Movements				
Barbell Squats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Deadlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Bench Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bent-Over Barbell Row	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Shoulder Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pull-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbell Hack Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olympic Movements				
Snatch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently exercising regularly (at least 3x per week)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

***If you answer no, skip to the "Lifestyle Information" section on page 4. If you answered yes, continue on the next page**



Optimum Function: Precision Nutrition Intake Form

How long have you been consistently exercising?

On the following chart, fill in which type of exercise you normally perform each day. Resistance training (RT); Interval cardio bouts (ICB); Low intensity cardio bouts (LICB); Sport specific work (SSW)

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of Exercise							

On the following chart, fill in your approximate workout duration for each day (in minutes).

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Duration							

Please describe your current exercise regimen here:



Optimum Function: Precision Nutrition Intake Form

Lifestyle Information:

If you are not currently exercising regularly, have you ever been on a consistent exercise plan (at least 3x per week)?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you have exercised on a consistent basis previously but not now, how long ago was this and how long did it last?

What do you do for a living?

What is the activity level at your job?

None	<input type="checkbox"/>
Moderate	<input type="checkbox"/>
High	<input type="checkbox"/>

Does your job entail shift work?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you follow a more regular schedule, do you work days, afternoons or nights?

Days	<input type="checkbox"/>
Nights	<input type="checkbox"/>

How often do you travel? (Rarely; Few times per year; Few times per month; Weekly).



Optimum Function: Precision Nutrition Intake Form

Please list the physical activities that you participate in outside of the gym and outside of work.

If you have any diagnosed health problems please list them below:

If you are on any medications (prescription or over-the-counter), supplements, vitamins, minerals herbs and/or other nutraceuticals, please list them and the condition you are taking them for .

What therapies or interventions are being undertaken for your current health status?

If you have any injuries, please list them below:

What treatments/therapies or interventions are being undertaken for the given injury(s)



Optimum Function: Precision Nutrition Intake Form

Please fill out the following timetable with your most normal daily schedule listing the time you wake up, work and have breaks, workout and go to sleep.

A.M	P.M.
12:00 - 12:30	12:00 - 12:30
12:30 - 1:00	12:30 - 1:00
1:00 - 1:30	1:00 - 1:30
1:30 - 2:00	1:30 - 2:00
2:00 - 2:30	2:00 - 2:30
2:30 - 3:00	2:30 - 3:00
3:00 - 3:30	3:00 - 3:30
3:30 - 4:00	3:30 - 4:00
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8:00 - 8:30	8:00 - 8:30
8:30 - 9:00	8:30 - 9:00
9:00 - 9:30	9:00 - 9:30
9:30 - 10:00	9:30 - 10:00
10:00 - 10:30	10:00 - 10:30
10:30 - 11:00	10:30 - 11:00
11:00 - 11:30	11:00 - 11:30
11:30 - 12:00	11:30 - 12:00

Nutritional Information:

Exactly how much money do you spend on groceries per month (do so by averaging the amounts from your last two grocery bills)?

How often do you grocery shop (number per week)?

How many meals do you eat in restaurants and/or fast food places per week?



Optimum Function: Precision Nutrition Intake Form

Exactly how much money do you spend on supplements per month?

If there is any other information you think relevant to your program design, please share it with us below.

Please accurately fill-out the attached 3-day dietary record. Be sure that these records are representative of the last few months of your dietary intake. In other words, if you just decided to get in shape 2 weeks ago and changed your diet dramatically, you should give us an indication of how you had been eating habitually prior to the recent change.

How long have you been eating in the manner recorded on your dietary record (if your answer is less than 1 month, please fill out your record according to your prior intake before this recent month)?



3-Day Diet Diary:

- Please be as specific as possible, including name brands, varieties of foods, and how they are prepared.
- Remember to break down foods into items (when necessary).
- List amounts as specifically as possible.

Sample:

TIME	LOCATION	DESCRIBE FOOD AND TYPE:	AMOUNT
		Brand Names Where Possible • Please Be Specific • One Per line	
12:30	desk at work	skinless chicken breast baked	5 oz.
		Pam spray	
		spaghetti noodles	1.5 cups
		spaghetti sauce (Ragu) with ground hamburger	.5 cups
		parmesan cheese	2 table spoons
6:30	home	roast beef sandwich –	
		roast beef	3 oz.
		onion roll	1
		mustard (Dijon)	2 teaspoons
		lettuce	1 leaf
		tomato	2 slices
		light Swiss cheese (Kraft)	1 oz

**3 -Day Diet Diary On
The Next 3 Pages**



Thank you for filling out this paperwork, I am so excited you are participating in the Optimum Function: Precision Nutrition Program. I am confident that you will be even more excited with the results you experience.

Yours in Health,

Dr. Tim Irving

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