# WORKING WITH CLIENTS

# Working With Clients

- What we do is not easy
- Clients comes with their own set of beliefs and we have to negotiate with them in a positive manner in order to help them make changes
- Most come with “diet” mentality
- They think there is a set plan for solving their dilemma

- They are also full of fear
- Fear is a result of lack of knowledge and/or lack of a sense of control
- Misinformation has them fearing food
- And this make it difficult for your  suggestions to be heard correctly or be understood

**What did you notice (physically, mentally) after eating any of the above foods?**

**Water Intake:** ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ ❍ 8❍ cups (250 mL in one cup)

**Digestion:** Number of Bowel Movements: _1_____ Description (size, colour, undigested food, etc.): _____form

_____

Other observations (gas/bloating, burping, acid stomach, etc.): _____bad headach - took tylenol____

**Cravings for:** salty sweet spicy chocolate coffee alcohol starches (breads, donuts, etc.)

**Energy Level:** (low energy) 1 2 3 4 5 6 7 8 9 10 (high energy)

**Stress Level:** (low stress) 1 2 3 4 5 6 7 8 9 10 (high stress)

| | Time | Here is a list of everything I ate and drank today (including tiny bites)…*please indicate approximate amounts |
|---|---|---|
| Pre-breakfast | 7am | Lemon water 2 glasses |
| Breakfast | 8am | Kefir smoothie - mixed berries-flax |
| Snack (mid-morning) | 10 | Hb egg |
| Lunch | 12:30 PM | Spinach salad - sesame oil<br>Walnuts - apple |
| Snack (mid-afternoon) | 3pm | grapefruit |
| Dinner | 6 | Chicken, asparagus |
| Snack (evening) | | |
| Medications / Supplements / Herbs / Other | | Ultimate flora X 2 |
| | | Candi gone 1 X 2 |
| | | Candi gone 2 X 2 |
| | | Intestinew X 1 |

**Water Intake:** 8 cups (250 mL in one cup)

**Digestion:** Number of Bowel Movements: __1____ Description (size, colour, undigested food, etc.): _____

Other observations (gas/bloating, burping, acid stomach, etc.): _Gas, bloating ___Gas and bloating____bloating_____

**Cravings for:** salty **sweet** spicy chocolate **coffee** alcohol starches (breads, donuts, etc.)

**Energy Level:** (low energy) 1 2 3 4 5 **6** **7** 8 9 10 (high energy)

**Stress Level:** (low stress) 1 2 **3** **4** 5 _6 7 8 9 10 (high stress)

**Mood(s) & Emotions** How would you describe your mood(s) today?

Morning __tired_____

Afternoon_okay_____

Evening____okay_____

| | Time | Here is a list of everything I ate and drank today (including tiny bites)…*please indicate approximate amounts |
|---|---|---|
| Pre-breakfast | 7 am | Lemon water |
| Breakfast | 8am | Coffee with soy milk |
| Snack (mid-morning) | 10 am | Smoothie with hemp protein, blueberries, chia seeds, almond milk(1/2 cup) |
| Lunch | 1pm | Lentil soup |
| Snack (mid-afternoon) | 3:30 | 1 granny smith apple with apple butter |
| Dinner | 6:00 | Temphe with zuccinni, grape tomatoes, endive, turmeric. |
| Snack (evening) | 8:00 | Kefir with apples and cinnamon (blended) |
| Medications / Supplements / Herbs / Other | | Fish oils, multivitamin, adrenal adaptagen, bowel support formula<br><br>I feel better when I take in a smoothie than a full meal. I feel more energetic |

# Food Journal

Name: [redacted] Date: Nov. 17/12

**Food & Drink:**

| | Time | Here is a list of everything I ate and drank today (including tiny bites)...*please indicate approximate amounts |
|---|---|---|
| Pre-breakfast | 7:30 | Lemon water |
| Breakfast | 8:00 | ½ cup yogurt & granola |
| Snack (mid-morning) | | ~~water~~ 2 chocolate chip cookies |
| Lunch | | n/a |
| Snack (mid-afternoon) | 3:30 | Thai Restaurant - spring rolls / jasmine tea |
| Dinner | | Red curry chicken & rice |
| Snack (evening) | 7:30 | Chaecha Puffs |
| Medications / Supplements / Herbs / Other | | Vit. D, bios, protocol |

***What did you notice (physically, mentally) after eating any of the above foods?***

**Water Intake:** ○ ○ ○ ○ ✓ ○ ○ ○ ○ ○ cups (250 ml in one cup)

**Digestion:** Number of Bowel Movements: 2 Description (size, colour, undigested food, etc.): ½ banana, med brown

Other observations (gas/bloating, burping, acid stomach, etc.) _____

**Cravings for:** salty sweet spicy chocolate coffee alcohol starches (breads, donuts, etc.)

**Energy Level:** (low energy) 1 2 3 4 5 6 (7) 8 9 10 (high energy)

**Stress Level:** (low stress) (1) 2 3 4 5 6 7 8 9 10 (high stress)

**Mood(s) & Emotions** How would you describe your mood(s) today?

Morning Good

Afternoon Good

Evening Good

**Productivity:** Have your health problems or digestion negatively affected:

Relationships: Co-worker___ Spouse/Partner___ Children___ Other___

Ability to do non-work related activities: good

Ability to perform tasks at work: n/a

The number of hours you were able to work: n/a

Exercise **(#min/type):** 50 Minute Spin Class
1 30 min. walk

# What do They Fear

- Carbs, and  grains in particular
- Fat and saturated fat in particular
- Calories
- Microbes
- Chemicals
- Specific foods
- Whatever they have read and heard

# What can you do?

- Listen and ask
- In the Creating A Healing Environment we discussed ways to speak with the clients
- Better compliance occurs by having the clients make the choice as to what they will eat or do
- Even if you have to go food by food
- Even when clients do not like “choice” – they feel more comfortable choosing with in a range you have sanctioned