



Your Big WHY - Worksheet

Brainstorm all the reasons that motivate you to help people with their health versus another profession.

- Why do you do what you do?
- Why are you HERE?
- What is the difference you want to make in the world?
- What is your contribution?
- If you are switching professions, what drives you?
- If there were no limitations, what would you aspire to?



WHY Engines

According to Ridgely Golsborough, there are 9 primary “WHY Engines” and, while your motives may be multifactorial, your why most likely closely aligns to one of them.

There is an entire process devoted to discovering your “Big WHY”, and we will do an abbreviated version here.

The 9 Whys

1. To contribute to a greater cause, make a difference, or add value
2. To build trust or create relationships based on trust
3. To make sense out of things, especially if complex or complicated
4. To find a better way
5. To do things right, or the right way
6. To think differently or challenge the status quo
7. To master things or seek knowledge
8. To create clarity and understanding
9. To simplify

Guided Exercise Notes:



Getting To Know Each Other

Share with a partner the following. As you listen, take notes on the following grid.

- Your name
- Where you are from?
- What is the nature of your current practice now?
- Why are you passionate about coaching people struggling with their health?
- What outcome would you like as a result of this retreat?
- Where do you see yourself practice-wise in 5 years?

Each person will have 3 minutes to answer the questions in pairs, taking notes as your partner speaks. Then each person will have the opportunity to introduce his/her partner to the group, approximately 2 minutes per person.

NAME and Where You Live	Current Practice	Why Passionate	Desired Goal/Outcome for This Retreat	5-Year Vision



NAME and Where You Live	Current Practice	Why Passionate	Desired Goal/Outcome for This Retreat	5-Year Vision



NAME and Where You Live	Current Practice	Why Passionate	Desired Goal/Outcome for This Retreat	5-Year Vision



NAME and Where You Live	Current Practice	Why Passionate	Desired Goal/Outcome for This Retreat	5-Year Vision



Post-Introductions Journaling

Who do you think would be a good contact for mutual support, joint ventures, etc.?

How were you inspired by what you heard?

What action will you take as a result of this sharing?



What Does It Take to Succeed as a Health Coach? - Worksheet

Please take notes as we brainstorm:

Top 5:

- 1.
- 2.
- 3.
- 4.
- 5.

Right after I return home, the first step towards success I will take is:



Holistic Health Practitioner Success Model – Worksheet

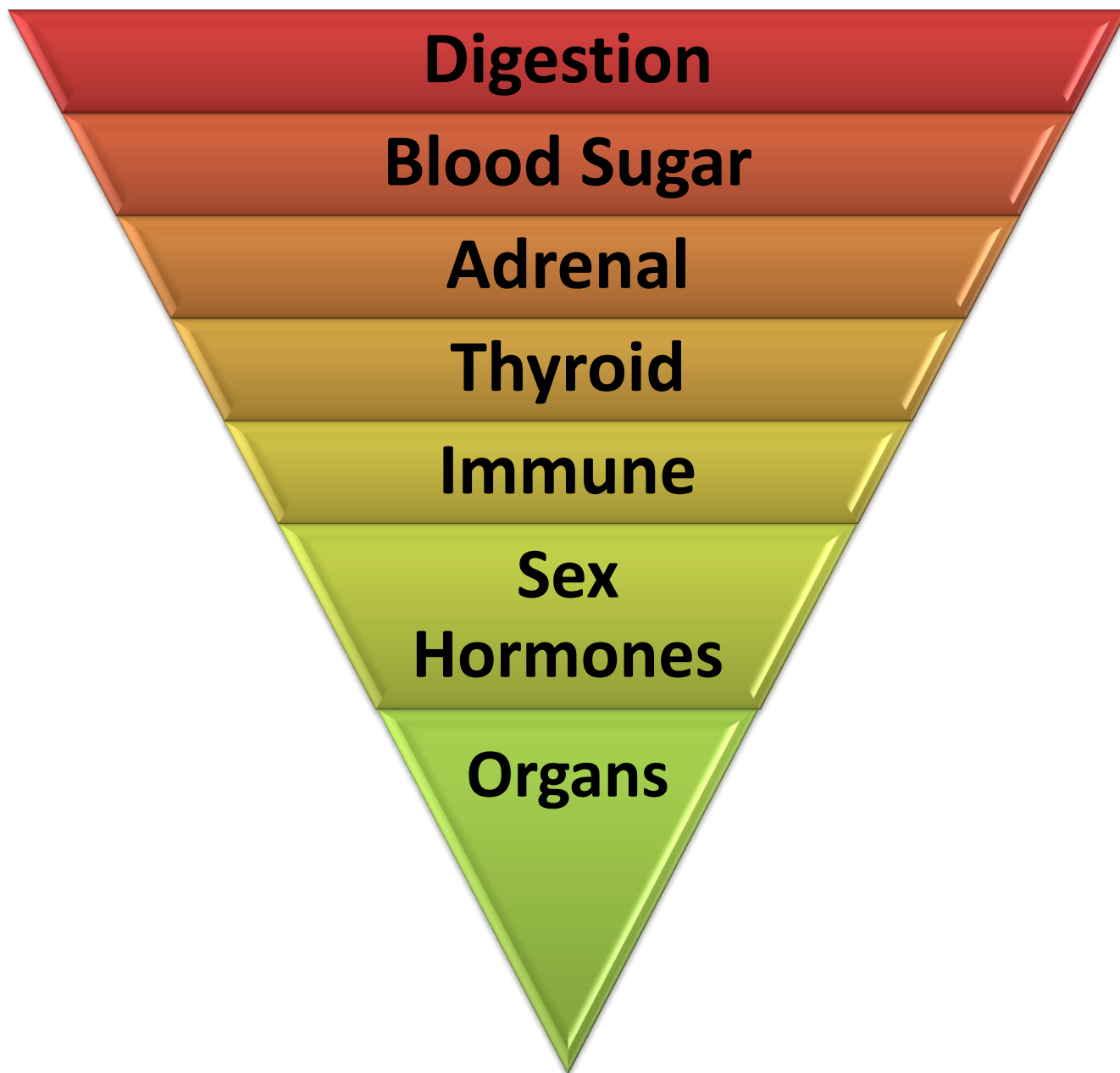
What it Takes to Become a Superstar

1. Detective Skills
2. Coaching Skills
3. A System
4. Tools and Resources
5. A Sound Business Model
6. Ability to Attract and Enroll Clients
7. Vitality and Confidence

Notes:



Root Cause Analysis Using Functional Hierarchy





Client Care Model



Make a **deep connection**.



Get clients connected to what matters most:
values and goals.



Ask the right questions: assess where they are now, what brought them to their current status, and what's getting in the way.



Identify the best **labs and exams** to assess your client's state of health and current imbalances.



Decide the **order of corrective protocols** in advance.



Restore balance with **diet, lifestyle protocols, and supplementation.**



Reassess status and adjust protocols at regular intervals to assure you are on the right track.



Values Clarification Process

Step 1: Identifying and Clarifying Core Values

The goal of this exercise is to discover and clarify your deepest core values.

It's something to use with your clients right at the beginning, to get them motivated and inspired when making healthy choices becomes difficult. Feel free to use this document or your own variation with your clients. Start by doing the process yourself.

Values clarification is the first step toward developing a lifestyle that's in harmony with your innermost desires. It's very valuable to get in touch with what's truly important so when difficult choices present themselves, you can make a decision that is consistent with whom you really are.

A core value is something that is so important to you that it affects how you live your life. It determines your activities in every moment. You may have core values of integrity, love, health, or any number of things, but they are so central to you that you would go to the ends of the earth to preserve them.



Read each of the words in the "Values List" below and mark the ones that appeal to you. Make an emotional decision as you read through them -- don't even think about it. You can circle them, or put a star or check next to each one. Mark every word in that list that feels especially important to you, and write in any particular values you hold dear that are missing from the list. This is your first pass through the words, which should take you just a little bit of time (maybe 5 minutes).

Next, take another pass through the words. This time you might find similarities in some of the words you marked. For example, *wealth* and *money* are similar, as are *wisdom* and *knowledge*. If you have circled words that seem synonymous evaluate which one of the two seems to resonate with you more, and cross off the other one. You may need to spend a bit longer this time, in order to pick that exact word that feels best to you. This is an intuitive process so just listen to your heart.

A couple of things worth noting: There is a difference between **means values** and **ends values**, and with this exercise we are focusing on **ends values**. For example, let's say you circled *money*. Money is, in our framework, more of a means value because money is a vehicle to secure those things that are truly valuable to us. A stack of green stuff in hand usually does not mean anything, of and by itself. What may be truly valued are the things money can provide, such as freedom, adventure, travel to exotic places and the connection with nature found there. So in this instance money is a **means goal**, whereas some of the others may be **ends goals**, as in "I really just want the joy of experiencing nature in many different settings," or "I want adventure in my life." For the purpose of this exercise you are encouraged to *focus on ends goals*.



Values List

Ability	Energy	Intimacy	Responsibility
Acceptance	Excitement	Justice	Risk
Accuracy	Fame	Kindness	Romance
Achievement	Family	Knowledge	Routine
Adventure	Forgiveness	Law-Abidance	Safety
Altruism	Freedom	Leaving a Mark	Security
Balance	Friendship	Love	Self-Control
Beauty	Fun	Mastery	Self-Esteem
Brotherhood	Glory	Maturity	Self-Interest
Charity	God	Money	Service
Children	Goodness	Nature	Sex
Comfort	Greatness	Optimism	Spirituality
Communication	Growth	Originality	Strength
Compassion	Happiness	Patience	Success
Competence	Health	Peace	Support
Conquest	Honesty	Pleasure	Surrender
Cooperation	Honor	Popularity	Talent
Courage	Hope	Power	Toys
Creativity	Humility	Prestige	Treasure
Culture	Independence	Pride	Trust
Dignity	Individuality	Privacy	Truth
Discovery	Innocence.	Property	Wealth
Duty	Innovation	Purpose	Wisdom
Ease	Integrity	Reason	

When doing the first exercise above, you may have found a difference between what you really want for yourself and how you are living now. This is not uncommon. In fact, gaps between the two are exactly what lead to decisions that are out of alignment with what you really want in your life (and the reason this exercise is so valuable!)

If you are among those of us who tend towards self-sabotaging behaviors (such as binging on inappropriate foods in spite of a newly devised goal suggesting otherwise...) take a moment first to recognize that finding those disconnects is an amazing discovery! Reviewing your marked Values List, consider which are fully realized in your life, and the ones you want but are not quite actualized. It will be a very important distinction.

Another thing you may notice when doing the exercise – you have probably grown and are now already living closer to your goals than in past years! Acknowledging this can be powerful.

That's it! You're ready to prioritize your top ten values.



Step 2: Prioritizing Your Top Ten Values

Next you are going to narrow your list of words from the first exercise down to the ten that have the highest value to you. This is not an easy step, and requires much thought and soul searching. Of course, in real life you would not necessarily have to choose among your values as an all-or-nothing proposition. But there may be moments when you have to choose, so this process will help you.

Step 2 may seem to be a daunting task, but the following technique is offered to guide you:

Take two values you chose from your list and compare them. It's helpful if you can say them out loud. Ask yourself, "If I could have ONLY ONE, which would it be?" With the chosen value continue through the list, comparing it with the next one on the list.

Continue on down until you've reached the bottom of the list. The chosen value is your number 1 priority. Write it in the #1 slot on the form on the next page.

Now start the process all over again to determine your #2 priority. Continue until you have listed your top ten priorities.

To help elucidate – say you are comparing 'Family' and 'Self-Esteem.' This may push a few buttons, leaving you to respond, "I can't give up family for self esteem" or "It would be terribly selfish to choose self-esteem over family." But this exercise is for you alone -- choose whatever comes up, from the inside out, without judgment or self-arguments.

In reality, you are not going to have to give up family to have self-esteem, but there may be *situations* in which you will need to choose protection of your self-esteem over family, and wouldn't it be nice to know what your top values are? You will be shown later how to use this information to make the best decisions, in every moment of your day.

You will notice the following form has blank spaces below each of the top ten values. This is for you to write a short description – just a sentence or two – about what this particular value means to you, why it is important. For example, for 'family' one might write "intimacy, love; I enjoy connecting with people and sharing people's lives."

Your description should be kept short and to the point – just a few good descriptive phrases are needed.



Take your time, and enjoy the assignment!



My Top Ten Core Values in Priority Order

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	



Step 3: Expanding on Your Top Five Values

Now you have the opportunity to dig deeper into your TOP 5 Values! You are asked to elaborate on why they are important enough to rate them in the Top 5, and to *also* relate how you feel each time you experience these values.

Be very specific in your word choice, and also put a lot of emotion into your language. You may want to write, read it back a few times, and change the wording a little so that it viscerally resonates and feels like, “Wow. This is really true to me and who I really am!” You want to capture how you feel when you access this.

So, for example, if ‘love’ is your top priority you want to go to that place of experiencing love. You want to say, “I am filled with love. What is this like for me? Is it a tingly feeling? Do I just feel joyful? Do I feel relaxed?” Notice what it is that you feel when powerfully accessing the state of love, then write down your description of that feeling.

NOTE: Should you find that “health” does not pop up on their list of Top 5 Values, remember that it is necessary to be true to who you are. However, we encourage you to imagine that you are suffering from a disease or disability, and living in pain or distress. Ask yourself how this situation might affect your ability to express those Top 5 Values. Are your current Top 5 still a higher priority than your health? If not, re-evaluate the order in light of this new awareness.





1)

What's important about this value?

How I feel when I access this state:

2)

What's important about this value?

How I feel when I access this state:

3)

What's important about this value?

How I feel when I access this state:



4)

What's important about this value?

How I feel when I access this state:

5)

What's important about this value?

How I feel when I access this state:



Connecting With Your Vision Process

Step 1: Your Five Year Vision

"If you limit your choices only to what seems possible or reasonable, you disconnect yourself from what you truly want, and all that is left is a compromise." — Robert Fritz

"Where there is no vision the people perish." — Proverbs 29:18

"Vision without execution is hallucination." — Thomas Edison

Getting your clients to future pace into their future vision is a very valuable practice. Once they are emotionally connected to the person they desire to become, they begin becoming. As their coach, you can help them get back on track when you can guide them to reconnect to their vision. Feel free to use this document or your own version of it with your clients right from the start. Start by filling it out for yourself.

Using the space on the next page, describe in words what you'd like to be like 5 years in the future. Envision the ideal you: physically, mentally, spiritually and emotionally, and write down what you desire most.

For instance, for your physical description, write about your weight, your health, physique, shape, energy, the clothes you wear, the way your body moves, physical confidence, etc. What do you look like? How does your body image impact the way you relate with other people?

Write everything in the present tense, as if you are that person now and are describing yourself. Really get into this assignment, embellishing with as much detail as possible! Continue until you have fully captured every detail, and the person on the paper feels real to you, *as* you. You will find this becomes amazingly easy once you actually begin to write.



The more you let yourself go and really experience this vision of yourself, the more your present and possible future become one experience. Your subconscious mind can't tell the difference between reality and your vision. Envision it and you WILL become it.

"If you want to be happy, set a goal that commands your thoughts, liberates your energy, and inspires your hopes." — Andrew Carnegie



My Vision: The Ideal Me 5 Years From Now

(present tense language)



Step 2: Embracing Your Vision, Piece by Piece

We're going to focus on eight different areas of your life:

1. Body Image and Appearance
2. Diet
3. Fitness/Exercise
4. Mindset and Attitude
5. Home Life
6. Work Life
7. Social Life
8. Self-Esteem and Personal Growth.

On the next series of pages, you'll see charts titled "Connecting With Your Vision." Taking your time, lay out the *goals* you wish to accomplish in these areas. Take one category at a time and consider the positive aspects of each area and what you are grateful for now. Write your responses in the "POSITIVE ASPECTS" column. Realistic goal-setting starts with a clear appreciation of assets already on hand!

In the "VISION" column, write out your future mental picture for each life aspect. Here's where you let your imagination meet with your deepest values to propel your recreation, so let yourself go. Describe your ideal body, career, relationships, attitude, etc. Repeat for each of the aspects of your life. Even though these are future desires, remember to write in the present tense and to be as specific as possible.

In the next column, "TOOLS", you will detail all the tangible and intangible factors that will help you achieve your goals. You can hardly expect to get a job done if you don't have the tools on hand to do it. Some of your ideas may not be tools you have access to just yet, but you can start by identifying how they would help.

The last column, "POSITIVE IMPACT", allows you to imagine the future impact of your met goal. Will you have more joy or energy you can share with family members or your community at large? Are there ways you can then better serve others as a result of being healthier, yourself? When you take care of yourself, in what ways are you then able to have a positive impact on others? This is an important consideration – each life influences so many.



"The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it." — Michelangelo



Connecting with Your Vision

Using the chart below, write your vision for each of the areas of your life.

	POSITIVE ASPECTS: What I am already grateful for	VISION: What I am moving towards	TOOLS: What do I need to achieve these goals?	POSITIVE IMPACT: Benefits to self and others from realized vision
Body Image and Appearance				
Diet				
Fitness/ Exercise				
Mindset and Attitude				



	POSITIVE ASPECTS: What I am already grateful for	VISION: What I am moving towards	TOOLS: What do I need to achieve these goals?	POSITIVE IMPACT: Benefits to self and others from realized vision
Home Life				
Work Life				
Social Life				
Self Esteem & Personal Growth				



Strategy Session Intake Form

We look forward to meeting with you to review your health history and habits. During our consultation we will use this information to identify your health challenges and goals and strategize some immediate action steps, as well as long-term options for guiding you on your journey to create vibrant health.

Please take a few minutes to thoughtfully answer the following questions so as to acquaint us with the symptoms and health issues that have prompted you to seek help. Be as thorough as possible in answering the questions and if there is something that you're not sure about, write unsure and we can explore it together during our session.

Name					Date					
Age		Date of Birth		Height		Weight				
Occupation					Employer					
E-Mail Address										
Street Address			City			State		ZIP		
Phone Home			Mobile			Work			Fax	
Marital Status				Partner's Name						
If you have children, what are their names and ages?										
In Case of EMERGENCY Notify						Phone				

1. Please describe in as much detail as possible your reasons for setting up this appointment. If specific health challenges prompted you, provide as much detail as possible.

2. What are your top 5 health concerns, in priority order?
3. On a scale from 1 to 10, how important is it for you to get these health concerns solved?
4. What are your top 3 health goals? Please CIRCLE your top priority.
5. What interventions have you taken, to date, to address your health concerns? Please describe in as much detail as possible, including treatments, programs, diets, supplements, drugs, surgery or other interventions. Provide information on the effectiveness of these and the ones you continue to do.
6. If you are currently under the care of any health care practitioner, please indicate what type of practitioner and for what purpose. Write NONE if you are not currently seeing any health practitioners.

3. On a scale from 1 to 10, how important is it for you to get these health concerns solved?

4. What are your top 3 health goals? Please CIRCLE your top priority.

5. What interventions have you taken, to date, to address your health concerns? Please describe in as much detail as possible, including treatments, programs, diets, supplements, drugs, surgery or other interventions. Provide information on the effectiveness of these and the ones you continue to do.

6. If you are currently under the care of any health care practitioner, please indicate what type of practitioner and for what purpose. Write NONE if you are not currently seeing any health practitioners.

7. List the top five priorities in your life. That is, what five things do you value above all else?
8. What habits do you currently have that positively influence your health?
9. What habits do you currently have that negatively influence your health?
10. On a scale of 0 to 10, rate your average stress level.
11. What are the major stressors in your life?
12. List any medications you take and for what purpose. Include prescription and over the counter. Write NONE if you don't take any.

8. What habits do you currently have that positively influence your health?

9. What habits do you currently have that negatively influence your health?

10. On a scale of 0 to 10, rate your average stress level.

11. What are the major stressors in your life?

12. List any medications you take and for what purpose. Include prescription and over the counter. Write NONE if you don't take any.



13. Please list any surgeries, hospitalizations, accidents and major illnesses and injuries. Include approximate **date or age of each** point and indicate whether the incident continues to impact your health.

14. List any nutritional supplements or herbs you take and indicate why you take each. Write NONE if you don't take any.

15. What are the 3 worst foods you eat in a week?

16. What are the 3 healthiest foods you eat in a week?

17. How many alcoholic beverages do you consume per week?

18. How many caffeinated beverages do you consume per week?



19. How many times do you eat out per week?

20. How many times do you eat raw nuts or seeds?

21. How many times do you work out per week?

22. If you work out, what type of exercise do you do?

23. Do you smoke?

24. If you smoke, what do you smoke and how much?

25. Have you smoked in the past?

26. If you are an ex-smoker, what do you smoke, how much and when did you quit?

27. List any toxic exposures you currently have or have had over the past 5 years. This includes industrial chemicals, paints, pesticides, molds and chemicals in water.

28. What is the one thing you'd most like to get out of our first session together?

Thanks so much for taking the time to fill out this form. It will help me to better understand your needs and challenges and hone in on how I may best support you to achieve your health goals.



History Taking Guidelines

As a nutrition coach and/or functional medicine practitioner, it's important to do a very thorough history. Remember, you are looking for root causes, and it's important to investigate all aspects of your client's life.

Of course there will be the very easy and obvious cases that walk through your doors. And I hope you get many, because the tough cases take a lot of time and effort.

The history taking consists of several parts

1. **The initial contact:** Sometimes this is a brief chat over the phone when someone calls because their friend referred them, and you ask a few questions to determine if it's a good fit.
2. **Pre-consultation forms:** While it's possible to take a good history in person on the phone, to gather all the information you need can be very time consuming. I prefer to get a lot of the details, especially historical details involving dates, completed before the initial consultation.
3. **Initial consultation:** Interview questions
4. **Journals:** Tracking records of their daily activities and diet

The information you'll be gathering falls into the following categories. You won't need all of these for every person that comes through the door, but it's good to be familiar enough with each piece that you can easily include the appropriate parts as needed.

With experience, you'll recognize the need for specific types of information.

I prefer to keep all of the pieces as separate shorter forms, sometimes collected over time. I like to gather enough to at least get the person started on basic nutritional protocols, and then have the client complete the more detailed assessments over time. With practice you'll discover what works best for you.



Components of a Thorough Client History:

- ☐ Demographics and General Information
- ☐ Health Goals
- ☐ History of Chief Complaint(s)
- ☐ Review of Body Systems
- ☐ Medications, Supplements
- ☐ Past Illness History
- ☐ Surgery
- ☐ Trauma
- ☐ Family History
- ☐ Nutrition and Lifestyle Questionnaire
- ☐ Stress Evaluation
- ☐ Environmental Influences Questionnaire
- ☐ Dental Evaluation
- ☐ Hormone Evaluation
 - ☐ Thyroid
 - ☐ Adrenal
 - ☐ Insulin
 - ☐ Pituitary
 - ☐ Sex Hormones
- ☐ Body Systems Evaluation Scorecards
 - ☐ Digestion (including leaky gut and candida)
 - ☐ Cardiovascular
 - ☐ Respiratory
 - ☐ Genitourinary
 - ☐ Neurotransmitters
 - ☐ Detoxification
- ☐ Nutrient Evaluations
 - ☐ Vitamins
 - ☐ Minerals
 - ☐ Amino Acids
 - ☐ Fatty Acids
- ☐ Patient Readiness Evaluation



Mastering the Nutritionally Oriented Client History

Why History Taking is Important

- What it takes to be thorough
- Functional assessment
- Root cause analysis
- Identify risk factors
- Early detection
- Prevention of disease and dysfunction
- Address signs and symptoms before they become pathology

Components of a Thorough History

DEMOGRAPHICS AND GENERAL INFORMATION

- Name, address, phone number
- Height and weight
- Marital status and family members
- Occupation
- Education
- Travel
- Pets

HEALTH GOALS

- Palliative, preventative or seeking optimal health and functioning
- 5-year vision
- 1-year vision
- 90-day goal
- 1-month goals

HISTORY OF CHIEF COMPLAINT(S)

- Onset: when started, mode of onset, mode of ending, initial treatment if any
- Progression
- Previous occurrence
- Quality of pain or discomfort
- Radiation to other body parts
- Review of any other related or concurrent symptoms
- Site of discomfort or pain
- Setting under which symptoms occur
- Severity
- Timing
- Associated symptoms
- Better with – relief obtained by activities, positions, treatments or lifestyle factors
- Contributing factors to worsening of symptoms
- Duration
- Effect on day to day activities
- Frequency



CURRENT HEALTH AND EXPOSURES

Review of Body Systems

- General – fatigue, fever, appetite, weight, sleep
- Digestive
- Respiratory
- Cardiovascular
- Musculoskeletal

Nutrition and Lifestyle Questionnaire

- Foods eaten and foods avoided
- Food frequency survey
- Eating habits and environment
- Hydration
- Unhealthy habits – alcohol, caffeine, tobacco
- Exercise habits
- Sleep habits
- Stress

Exercise Habits and History

- Frequency
- Duration
- Balance – yoga, core, cardio
- Ratio of cardio and resistance
- Recovery time
- Soreness between workouts
- Cramps
- Water intake

Sleep Habits and History

- Typical bedtime
- Usual wake-up time
- Average hours of sleep
- Quality of sleep
- Difficulties falling asleep
- Difficulties staying asleep
- Quality of sleep
- Sleep environment
- Awaken refreshed?

Stress Evaluation and Risk

- Daily stressors
- Major life events
- Physical limitations
- Family dynamics

Medications and Supplements

- Current – frequency, timing, duration, doses, brands, reason
- Noticeable benefits
- Side effects
- Recent past supplements
- Thorough past medication history



Environmental Influences

- Current exposures
- Past exposures
- What's in the garage
- Personal care products
- Home care products
- Occupational
- Known sensitivities

Dental Evaluation

- Fillings
- Root canals
- Bridges and crowns
- Habits
- Gingivitis

Past Health and Family History

- Illnesses
- Injuries
- Surgeries
- Hospitalizations
- Childhood health history and diet
- Prenatal care
- Trauma – emotional and physical
- Family history – past and present

Nutrient Evaluation Scorecards

- Vitamins
- Minerals
- Amino acids
- Fatty acids

Organ and Gland Scorecards

- Thyroid
- Adrenal
- Insulin
- Pituitary
- Sex Hormones
- Cardiovascular
- Digestion including leaky gut and candida
- Respiratory
- Genitourinary
- Neurotransmitters
- Detoxification

How “Ready and Willing” Are Clients to:

- Change diet
- Take supplements
- Keep records
- Modify lifestyle
- Practice relaxation techniques
- Exercise
- Have periodic lab tests to assess progress
- Confidence in ability to follow through
- Support circle
- How much support they need from you



History Taking Shortcut

For each presenting complaint be sure to gather the information below. To trigger your memory about what to ask, remember: **OPQRST ABCDEF**.

O - Onset: when it first began, mode of onset, mode of ending, initial treatment if any

P - Progression

P - Previous occurrence

Q - Quality of pain or discomfort

R - Radiation to other body parts – and...

R - Review of any other related or concurrent symptoms

S - Site of discomfort or pain

S - Setting under which symptoms occur

S - Severity

T - Timing

A - Associated symptoms

B - Better with – relief obtained by what activities, positions, treatments or lifestyle factors

C - Contributing factors to worsening of symptoms

D - Duration

E - Effect on day to day activities

F - Frequency

How to Take a Pain History

If the presenting complaint is pain (most types of pain e.g. chest, abdominal, back, extremity etc.) the main points to elicit can easily be remembered using the mnemonic: **SOCRATES**.

S - Site

O - Onset

C - Character

R - Radiation

A - Associations

T - Timing

E - Exacerbating & relieving factors

S - Severity



Nutrient Assessment Chart

Nutrient	Signs of Imbalance
Vitamin A	<ul style="list-style-type: none">• Chicken skin on backs of arms• Chronic acne• Diarrhea• Dry eyes• Food allergies• Loss of appetite• Poor night vision• Recurrent infections and colds• Reduced hair growth in children• Ulcers• Hair loss
B Vitamins	<ul style="list-style-type: none">• Afternoon slump• Cold hands and feet• Chronic fatigue• Focus issues• Geographic tongue• Moodiness• Poor digestion• Splitting nails• Vertical ridges on nails• Flaky cuticles• Splitting skin in corners of mouth• Thin hair• Tongue and mouth pain• Hair loss• Canker sores• Cracks in corner of mouth
Vitamin B1	<ul style="list-style-type: none">• Anxiety• Depression• Hysteria• Loss of appetite; in extreme cases beriberi (mostly in alcoholics).• Muscle cramps
Vitamin B2	<ul style="list-style-type: none">• Cracks and sores around the mouth and nose• Visual problems.• Low energy• Eyes sensitive to light and tire easily• Sore lips• Sensitive tongue• Insomnia• Trembling• Itching of skin around eyes, ears, mount, scrotum, forehead and scalp.



Nutrient	Signs of Imbalance	
Vitamin B3 - Niacin	<ul style="list-style-type: none"> • Bad breath • Canker sores • Confusion • Depression • Dermatitis • Diarrhea • Emotional instability • Fatigue 	<ul style="list-style-type: none"> • Irritability • Loss of appetite • Memory impairment • Muscle weakness • Nausea • Skin eruptions and inflammation • Puffy Gums
Vitamin B5 - Pantothenic Acid	<ul style="list-style-type: none"> • Abdominal pains • Burning feet • Chronic gas or constipation • Depression • Eczema • Fatigue • Hair loss • Immune impairment 	<ul style="list-style-type: none"> • Insomnia • Irritability • Low blood pressure • Muscle spasms • Nausea • Poor coordination • Seasonal allergies • Beefy tongue
Vitamin B6	<ul style="list-style-type: none"> • Anemia • Breast cysts • Carpal tunnel • Convulsions • Dandruff • Excess ear wax • Irritability • Patches of itchy, scaling skin • PMS • Poor dream recall • Stiff fingers in AM • Water retention in AM • Scalloped tongue • Tooth decay • Breaking nails • Essential Fatty Acid deficiency that doesn't respond to taking fats • Magnesium deficiency that doesn't respond to magnesium 	<p>LABS:</p> <ul style="list-style-type: none"> • AST – • Alt – • GGT – • Iron + • MCV – • MCH – • MCHC – • RDW + • RBC – • Hematocrit – • Hemoglobin – • Alkaline Phosphatase –



Nutrient	Signs of Imbalance	
Biotin (Vitamin B7)	<ul style="list-style-type: none"> • Dermatitis • Eye inflammation • Hair loss 	<ul style="list-style-type: none"> • Insomnia • Loss of muscle control • Dry lips • Breaking nails
Folic Acid (Vitamin B9)	<ul style="list-style-type: none"> • Anemia • Apathy • Diarrhea • Fatigue • Gastrointestinal upsets • Headaches • Impaired cell division • Insomnia • Loss of appetite 	<ul style="list-style-type: none"> • Neural tube defects in fetus • Paranoia • Shortness of breath • Weakness • Puffy gums • Tender tongue • Canker sores • Geographic tongue
Vitamin B12	<ul style="list-style-type: none"> • Tender tongue • Geographic tongue • Pale skin • Shortness of breath • Fatigue • Dizziness • Headache • Cold hands and feet • Heart palpitations • Chest pain • Nausea • Vomiting • Heartburn • Abdominal gas • Constipation • Diarrhea • Loss of appetite • Weight loss without trying • Numbness and tingling in the hands and feet • Unsteadiness • Difficulty walking 	<ul style="list-style-type: none"> • Confusion • Depression • Hallucinations • Memory loss • Vertical ridges on nails • Bloating <p>LABS:</p> <ul style="list-style-type: none"> • Methylmalonic Acid • Serum Vitamin B12 • MCV + • MCH + • MCHC + • Iron + • RDW + • WBC – • RBC – • Hematocrit – • Hemoglobin – • Homocysteine + • Uric Acid –



Nutrient	Signs of Imbalance
Vitamin C	<ul style="list-style-type: none"> • Bruise easily • Hemorrhoids • Joint injuries • Muscle weakness • Puffy, bleeding, red gums • Varicose veins • Weakened immune system • Mucus membranes raw and bleeding • Spongy and bleeding gums are spongy LABS: <ul style="list-style-type: none"> • Hematocrit – • Alkaline Phosphatase + • RBC + • Hemoglobin – • Hematocrit – • MCV + • MCH + • MCHC +
Calcium	<ul style="list-style-type: none"> • Anxiety • Brittle nails • Cramps • Delusions • Depression • Insomnia • Irritability • Nervousness • Osteoporosis • Palpitations • Periodontal disease • Rickets • Tendency towards headaches • Tooth decay • Twitches • LAB: Serum Calcium
Chromium	<ul style="list-style-type: none"> • Adult-onset diabetes • Anxiety • Fatigue • Glucose intolerance
Copper	<ul style="list-style-type: none"> • Anemia • Arterial damage • Depression • Diarrhea • Fatigue • Fragile bones • Hair loss • Hyperthyroidism • Weakness
Iodine	<ul style="list-style-type: none"> • Cretinism • Fatigue • Hypothyroidism • Weight gain



Nutrient	Signs of Imbalance	
Iron	<ul style="list-style-type: none"> • Anemia • Brittle nails • Confusion • Constipation • Depression • Dizziness • Fatigue • Headaches 	<ul style="list-style-type: none"> • Inflamed tongue • Mouth lesions • Spooning nails • Pale blue nails <p>LABS:</p> <ul style="list-style-type: none"> • Low serum iron • Low ferritin
Magnesium	<ul style="list-style-type: none"> • Anxiety • Breast cysts • Confusion • Constipation • Chronic stress • Cramps • Dandruff • Depression • Excess ear wax • Heart attack • Hyperactivity • Insomnia 	<ul style="list-style-type: none"> • Irregular heartbeats • Irritability • Irritable Bowel Syndrome • Muscle weakness • Nausea • Nervousness • Noise sensitivity • PMS • Restlessness • Spasms • Twitching • Sores around mouth • Breaking nails
Molybdenum	<p>LABS:</p> <ul style="list-style-type: none"> • Increased Serum Iron • Decreased Uric Acid 	
Manganese	<ul style="list-style-type: none"> • Atherosclerosis • Dizziness • Elevated cholesterol • Glucose intolerance 	<ul style="list-style-type: none"> • Hearing loss • Loss of muscle control • Ringing in ears
Phosphorus	<ul style="list-style-type: none"> • Anorexia • Bone pain • Weakness 	
Potassium	<ul style="list-style-type: none"> • Anorexia • Irritability • Muscle cramps • Muscle weakness • Nausea 	



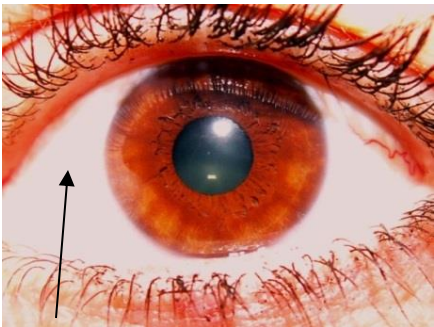



Nutrient	Signs of Imbalance	
Zinc	<ul style="list-style-type: none"> • Acne • Decreased sense of taste • Form scars easily • History of Crohn's disease • Overconsumption of sweets • Poor perception of sweet • Rashes • Retarded growth and delayed sexual development in children 	<ul style="list-style-type: none"> • Slow wound healing • Smelly feet • Tendency towards infections • White spots on fingernails • Puffy gums • Cracked finger tips <p>LAB:</p> <ul style="list-style-type: none"> • Alkaline Phosphatase low
Amino Acids	<ul style="list-style-type: none"> • ADHD • Depression • Difficulty building muscle mass • Inability to concentrate 	<ul style="list-style-type: none"> • Insomnia • Lack of motivation • Learning disabilities • Mood swings
Essential Fatty Acids	<ul style="list-style-type: none"> • Acne • Breast cysts • Dandruff • Diarrhea • Dry skin and hair • Eczema • Excess ear wax • Gall stones • Hair loss • Immune impairment 	<ul style="list-style-type: none"> • Infertility • Liver degeneration • Poor wound healing • Premenstrual syndrome • Sores around mouth • Dry lips • Split cuticles • Splitting nails •



Nutritionally Oriented Physical Exam

Name:		Date:	
Height:		Weight:	
Frame size (check one):	Small	Medium	Large
Respiration – breaths per minute:	Pulse – beats per minute:		Temperature:
Blood Pressure			
Seated, legs uncrossed	Left Arm:	If difference between left and right is > 10, top or bottom, there may be a blockage.	
	Right Arm:		
Lying Face Up			
Standing	Immediately upon arising:	Systolic blood pressure (top number) should increase by 10 when you stand up. If it does not or if it decreases, it's suggestive of adrenal stress. The more time it takes to restore the blood pressure to what it should be is suggestive of the degree of adrenal distress. Measure once a minute for up to 5 minutes. Stop when pressure increases by 10 points.	
	1m:		
	2m:		
	3m:		
	4m:		
	5m:		
Measurements			
Waist:			
Hip (across femur heads):			
Waist/Hip Ratio:			
Neck:			
Chest:			
Wrist:	Right:	Left:	
Arm:	Right:	Left:	
Thigh:	Right:	Left:	
Eye Examination			
<p>Pupil Constriction: In a darkened room, shine a light (small penlight) in one of your eyes. The pupil should constrict. Count how many seconds your pupil stays constricted as you continue to shine the light. Stop at 20 seconds or upon dilation of pupil. (Adrenal weakness is indicated if pupil does not remain constricted for 10 seconds or longer)</p>			
Pupil Constriction - seconds held:			
	Circle all that apply	Possible interpretation	
	White ring around the iris	Can be due to excess of calcium or aluminum, salicylate poisoning or arteriosclerosis.	
	Grey ring around the cornea	Possible atherosclerosis, Alzheimer's disease, liver issues	
	Gray pupil	Cataracts	
	Green pupil	Glaucoma	
	Pupil does not constrict when light is shined inside.	Weak adrenals	
	Black discoloration below bottom eyelids.	Adrenal exhaustion	
	Brown discoloration below bottom eyelids.	Adrenal weakness, kidney weakness	



 <p>Sclera</p>	Puffy bags under eyes	Kidney/bladder weakness, edema
	Yellow discoloration below bottom eyelids.	Liver/gallbladder stress
	Eyes “bug-out”	Possible hyper-thyroid
	Sclera Color (white outer wall of the eye)	
	Circle all that apply	Possible interpretation
	Yellow/brown	Liver or gallbladder stress
	Clear with bluish tint	Poor circulation/anemia
	Red	Conjunctivitis, inflammation of the GI tract, liver fire rising
	Green	Poor bile formation
	Pasty, off white	Lymphatic congestion
	Gray	Constipation, sluggish bowel
Lip and Mouth Diagnosis		
  	Circle all that apply	Possible interpretation
	Pale gums	Iron deficiency
	Gums, puffy/bleeding	Insufficiency of folic acid, coenzyme Q-10, bioflavonoids, vitamin C, niacin, zinc, or vitamin A
	Ulcerations or canker sores	Insufficient friendly gut bacteria, low B vitamins (especially folic acid), low lysine, excess arginine, gluten sensitivity, food allergies, stress
	Lines around mouth	Low estrogen, low essential fatty acids, or vitamins B, A or E
	Cracks, fissures, and scales, especially at corners	Insufficiency of B vitamins, especially B2, B5, B6, and folic acid, imbalance of essential fatty acids, low magnesium.
	Dry flaking lips	Essential fatty acids imbalance; Low levels of biotin
	Metallic taste	Heavy-metal toxicity, excess mineral intake, side effect of medications
	Loss of tastes, especially sweets	Inadequate zinc, excess copper and/or selenium
	Bitter taste	Infection or abscess
	Salty taste	Excess salt intake, bleeding somewhere in body
	Excessive salivation	Excess mercury
	Painful dentures	Low stomach acid, low B vitamins, low glutamine



Lip and Mouth (cont'd)		
Circle all that apply		Possible interpretation
Bleeding gums		Deficiency of Vitamin C, bioflavonoids
Bad breath		Inadequate digestive enzymes, food allergies, infection, leaky gut, overeating, eating too frequently, stress
Acetone-like breath smells		Diabetes or active weight loss process
Urine-like breath smells		Protein maldigestion
Putrid breath smells		Mouth and/or lung infection
Red and inflamed lips		Low B vitamins, poor absorption in small intestine

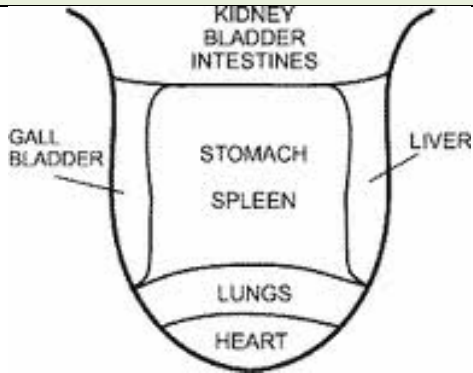
Face Diagnosis

	Circle all that apply	Possible interpretation
	Facial color: Yellow	Liver, gallbladder issues
	Facial color: Ashen gray	Lung problems, shock
	Facial color: Red	High blood pressure, alcoholism
	Facial color: Bluish	Heart stress
	Facial color: Copper	Iron overload
	Facial color: Brown	Kidney stress
	Red cheeks	Lung heat
	Ear lobe creases	Heart stress
	Long earlobes	Strong constitution
	Creases between eyes	Liver stress
	Crack between chin and lips	Ileocecal valve problems
	Bulbous nose	Alcohol excess, acne
	Acne	Decreased stomach acid, deficiencies of zinc, essential fatty acids, consumption of "bad" oils

Tongue Evaluation

Redness/Irritation:

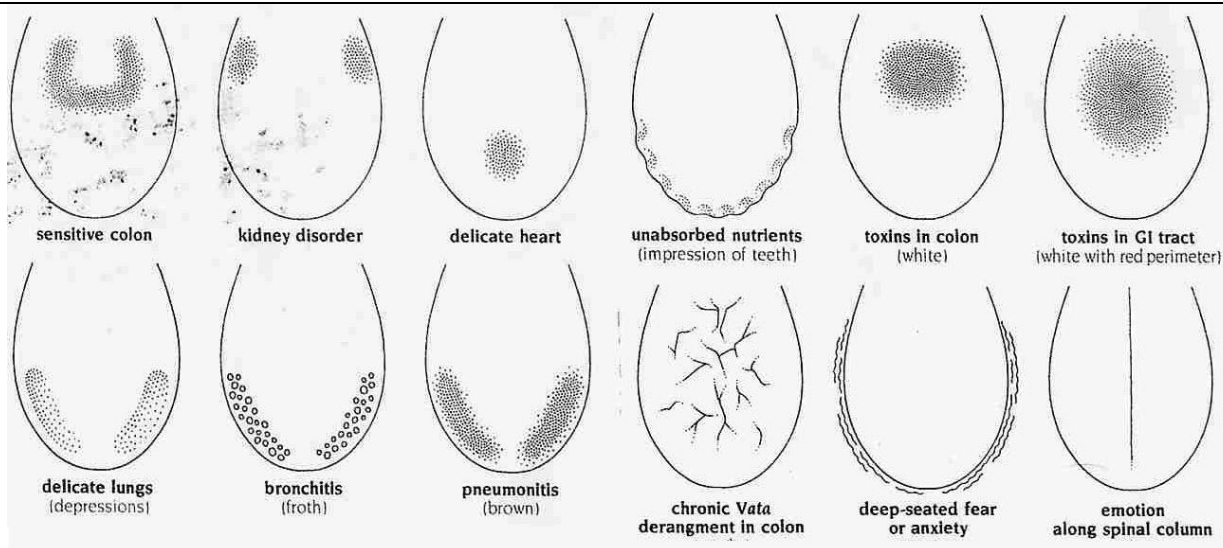
Use a pencil or colored pencil to mark areas of redness or irritation.



Distinguishing Marks:

Circle any examples below that show features you see on your tongue.

image source: <http://www.sorensonacupuncture.com/wp-content/uploads/2011/06/Tongue-english-31.jpg>



Color	Pink/ Multi-Colored (normal)	Pale red (mild heat)	Beefy red (heat)	Purple (circulation)	Pale (low metabolism, anemia, blood deficient)
Coating	None (Weak digestive fire, dehydration)		Thin (normal)	Thick (cold-dampness, phlegm, poor digestion)	
Coating Color	White (normal)	Light Yellow/ Dirty White (slight heat, cold or flu)		Yellow (heat, anxiety, depression, infection, cigarette, coffee, big meal)	Brown/Black (strong heat or cold, long term smoking, bismuth)
Tongue Signs: Circle all that apply			Possible interpretation		
Tender to touch or sore			Deficiency of Vitamin B12, folic acid or iron		
Pale red color			Normal		
Beefy red color			Excess heat		
Red tip			Overeating, maldigestion, excessive fats and/or fried foods or inadequate fiber		
Dark gray or reddish back of tongue			Adrenal and/or kidney weakness		
Chronic coating and/or "furry" tongue			Inadequate levels of digestive enzymes, imbalance of friendly to unfriendly intestinal bacteria or toxic bowel, food allergies		
Yellowish coating			Can be a sign of heat		
A "cottage cheese" growth or coating			Possible yeast infection		
Scalloped edges and teeth marks			Allergies, poor digestion, inadequate levels of pancreatic enzymes, inadequate levels of vitamin B6, thyroid problems		
Geographic tongue (lines like a map)			Low B vitamins (especially B12 and folic acid), low zinc, low D, gluten sensitivity, or wheat allergy		
Tongue Signs: Circle all that apply			Possible interpretation		
Excessively shiny or smooth tongue			Low vitamin B12, low folic acid or iron, allergic reaction; can be a sign of diabetes or early blood-sugar imbalances		
Purplish tongue			Inadequate levels of vitamin B12		
Beefy or enlarged tongue			Inadequate levels of pantothenic acid		
Black or hairy-looking tongue			Possible effect from antibiotics, bismuth-containing products, such as Pepto-Bismol		








Head Evaluation

Circle all that apply	Possible interpretation	
Dry hair	Essential fatty acid (EFA) deficiency	
Premature graying	Pantothenic acid (B5) deficiency	
Hair loss	Folic acid, vitamin B5, vitamin B6, B-complex, and EFA deficiencies. Vitamin A toxicity, or other environmental toxicity, also causes hair loss	
Dandruff	Deficiencies in EFA, antioxidants (selenium especially), B6 or B-complex. May also indicate low stomach acid	
Excess ear wax	Low essential fatty acids (EFA)	
Cranial Nerves	Left	Right
Hearing		
Vision		
Sensation		
Smell		
Movement		
Taste		


Hand and Nail Evaluation

Observe your nails for the following signs and mark the chart for each hand

Nail Analysis: Check all that apply

	Moons (lunula)	Ridging	Spooning	Clubbing	Beading
Finger					
Right Thumb					
Right Index					
Right Middle					
Right Ring Finger					
Right Pinky					
Left Thumb					
Left Index					
Left Middle					
Left Ring Finger					
Left Pinky					
Moons Analysis (half-moon at base of nail): Circle all that apply		Possible interpretation			
Large		Good constitutional reserve of energy			
Small		Lower constitutional energy when on many fingers			
Large moons on little fingers (plus ear lobe creases and/or reddish tip of tongue)		Suggests tendency to heart problems			



Hand and Nail Evaluation	
Circle all that apply	Possible interpretation
Splitting cuticles	Essential fatty acid imbalance, over consumption of processed oil, food allergies, low bile or pancreatic enzymes
Rough, red, flaky cuticles	B vitamin deficiency, stress
Splitting, breaking nails	Low levels of biotin, essential fatty acids, vitamin B6, or magnesium; also low stomach acid
Excessive vertical ridges	Inadequate levels of B vitamins, especially B12; poor digestion, gallbladder problems
White spots on nails	Inadequate levels of zinc, trauma; protein deficiency
Pitting	Tendency to immune problems, low levels of selenium, maldigestion
Pale or bluish nails	Iron deficiency
Deep horizontal ridges (Beau's lines)	Bronchitis, maldigestion, local trauma, adrenal stress
Yellowish, bulging, bending, breaking nails	Suggests fungal infection like candidiasis
 Clubbing (nails grow downward, end of finger noticeably enlarges, nails break in odd ways)	Poor oxygenation linked to various serious lung, liver, or kidney diseases
Thumb has ridges	Kidney stress
Thumb has appearance of beads on a string	Suggestive of arthritis or osteoporosis
Vertical ridges that are split	Respiratory problems
Very thin parallel lines	Mineral absorption difficulties
Short wide nails or fingertips	Poor circulation or heart stress
Vertical ridges on other finger nails besides the thumb	Respiratory stress
Yellow nails	Digestion issues
Horizontal ridges	Poor nutrition or cardiovascular stress
Black spots	Digestion difficulties
Spooning	Iron deficiency, anemia, lead poisoning
Cracked skin at tips of fingers	Low zinc
Cold hands	Poor circulation, possible low thyroid



Ideal Client/Ideal Life - Worksheets

Defining Your Ideal Client

When you're really clear on WHO you want to work with, you will instantly know whether people you meet are good candidates for working with you or not. Most practitioners leave it up to chance, then wonder why they are not excited and thrilled by the people they work with. When you become clear about your ideal client, your website, your business card and materials can all be designed with your ideal client in mind.

Take a few minutes to describe your ideal client. To do so, think about the client or clients you most like to work with. If you are not yet actively seeing clients, then think about the friends and family members who have been the most enjoyable to share your health message with.

Be as detailed as possible about their demographics, their attitudes, profession, emotional make-up, and whatever you feel are important traits for the people you desire to have.



Your Ideal Day

Get in touch with how you would spend your days, if money was no object.

- Where would you live?
- How would you live?
- What's the environment like?
- How many hours a day do you work and see clients?
- How much time do you spend on self-care?
- Who supports you?

Be bold and creative!



How to Get the Most From Your Spotlight Coaching Session

When you're on the "hot seat", as it's sometimes called, all eyes and ears are upon you. The energy of the group is turned towards you, and ideas, resources, and contacts that will change your life and your business are likely to spring forth.

Of course, you will get coaching from Dr. Ritamarie, and you will also get feedback from the group. Once everyone knows what you are "up to", and what resources you need to get there, you'll have a dozen other eyes and ears looking out for you.

During spotlight coaching we'll be **masterminding**.

So what exactly is masterminding?

In the words of Napoleon Hill, author of *Think and Grow Rich*, it's "an age-old concept, a gathering of people – usually two-to-six, but sometimes many more — who connect at the subconscious level so that no barrier exists between them. The result is a 'chemistry' that is synergistic; individuals move forward as one person and the total effect is greater than what would be possible for each individual by himself."

Solutions to problems spring forth from the process -- serendipitous ideas, seemingly from out of the blue -- and suddenly what seemed impossible becomes possible. Masterminding was the secret key to success for titans of business like Andrew Carnegie, John D. Rockefeller, Henry Ford, Harvey Firestone, Thomas Edison, Alexander Graham Bell and others who changed the world.

You'll have 15 minutes of focused time to present your challenge, idea, or business vision. We'll ask you clarifying questions and share ideas. Someone will take notes for you, so you can be 100% focused on the experience.

To prepare for your session, please **spend about 30 minutes** this evening, longer if you'd like, doing the following:

- ☐ Jot down your business vision – 5 years out would be great.
- ☐ Make a list of all the obstacles you see in your way.
- ☐ Make a list off all the opportunities you have available.
- ☐ Create a list of questions you'd like addressed during your time.



Oh, and be sure to listen intently when others are speaking, and be ready to offer ideas or support at the appropriate time.

Bottom line it! Resist the temptation to tell stories or go into detail about things that may be helpful but not critical to share. **Remember to be respectful about others' time.** You can always approach others with more detail outside the masterminding time. And we encourage you to do just that!

You may use the space below or any other paper to record your brainstorm:

My business vision:

Where I am now:

What's getting in my way?

How can I overcome my obstacle(s)?

What opportunities are available to me right now?

Other questions, comments, concerns to share:



Checklist of Potential Income Streams

Using the chart below, check each item as one of the following:

- Services/products you are currently offering
- Services/products that sound interesting, that you would like to do, or that you would at least explore doing

Following the checklist, you'll find a worksheet area for improving your income streams.

Private Services	Already Doing	Would like to do	Notes
1:1 Coaching – In Person	<input type="checkbox"/>	<input type="checkbox"/>	
1:1 Coaching – Over the Phone	<input type="checkbox"/>	<input type="checkbox"/>	
1:1 Coaching – Packages and Programs	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Makeovers	<input type="checkbox"/>	<input type="checkbox"/>	
1:1 Food Preparation and Lifestyle Instruction	<input type="checkbox"/>	<input type="checkbox"/>	
VIP Day – Live	<input type="checkbox"/>	<input type="checkbox"/>	
VIP Day – Over the Phone	<input type="checkbox"/>	<input type="checkbox"/>	
1:1 Virtual Workshop	<input type="checkbox"/>	<input type="checkbox"/>	
Take People Shopping	<input type="checkbox"/>	<input type="checkbox"/>	
Menu Creation	<input type="checkbox"/>	<input type="checkbox"/>	
Private Detox Program	<input type="checkbox"/>	<input type="checkbox"/>	
Food Prep and Catering	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	



Checklist of Potential Income Streams

Group Services	Already Doing	Would like to do	Notes
Group Coaching LIVE	<input type="checkbox"/>	<input type="checkbox"/>	
Group Coaching Online	<input type="checkbox"/>	<input type="checkbox"/>	
Teleseminar programs	<input type="checkbox"/>	<input type="checkbox"/>	
Workshops – Live	<input type="checkbox"/>	<input type="checkbox"/>	
Retreats – Live	<input type="checkbox"/>	<input type="checkbox"/>	
Classes	<input type="checkbox"/>	<input type="checkbox"/>	
Food Preparation Classes	<input type="checkbox"/>	<input type="checkbox"/>	
Supermarket Tours	<input type="checkbox"/>	<input type="checkbox"/>	
Membership Site	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Parties	<input type="checkbox"/>	<input type="checkbox"/>	
Corporate Wellness Programs	<input type="checkbox"/>	<input type="checkbox"/>	
Fitness Classes	<input type="checkbox"/>	<input type="checkbox"/>	
Classes in Schools	<input type="checkbox"/>	<input type="checkbox"/>	
Boot Camps	<input type="checkbox"/>	<input type="checkbox"/>	
Weekend Courses and Workshops	<input type="checkbox"/>	<input type="checkbox"/>	
Livestream Events	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Digital Products	Already Doing	Would like to do	Notes
E-books	<input type="checkbox"/>	<input type="checkbox"/>	
Special Reports	<input type="checkbox"/>	<input type="checkbox"/>	
Recipe Collections	<input type="checkbox"/>	<input type="checkbox"/>	
Audio Programs	<input type="checkbox"/>	<input type="checkbox"/>	
Video Programs	<input type="checkbox"/>	<input type="checkbox"/>	
Newsletter – Digital	<input type="checkbox"/>	<input type="checkbox"/>	
Recipe Demo Videos	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise Demo Videos	<input type="checkbox"/>	<input type="checkbox"/>	
Telesummit	<input type="checkbox"/>	<input type="checkbox"/>	
Compilation Book	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	



Checklist of Potential Income Streams

Physical Products	Already Doing	Would like to do	Notes
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Food – Others	<input type="checkbox"/>	<input type="checkbox"/>	
Food – Your Creations	<input type="checkbox"/>	<input type="checkbox"/>	
Supplements	<input type="checkbox"/>	<input type="checkbox"/>	
Books	<input type="checkbox"/>	<input type="checkbox"/>	
CDs – Recorded Teleclasses	<input type="checkbox"/>	<input type="checkbox"/>	
DVDs – Recorded Webinars	<input type="checkbox"/>	<input type="checkbox"/>	
CDs	<input type="checkbox"/>	<input type="checkbox"/>	
DVDs	<input type="checkbox"/>	<input type="checkbox"/>	
Custom Bars	<input type="checkbox"/>	<input type="checkbox"/>	
Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Newsletter – Physical	<input type="checkbox"/>	<input type="checkbox"/>	
Apps	<input type="checkbox"/>	<input type="checkbox"/>	
Recipe Kits	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Passive Revenue	Already Doing	Would like to do	Notes
Affiliate Commissions	<input type="checkbox"/>	<input type="checkbox"/>	
Pay Per View	<input type="checkbox"/>	<input type="checkbox"/>	
Subscriptions	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Other	Already Doing	Would like to do	Notes
Stage/Convention Speaker	<input type="checkbox"/>	<input type="checkbox"/>	
TV Shows	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Shows	<input type="checkbox"/>	<input type="checkbox"/>	
Licensing Products	<input type="checkbox"/>	<input type="checkbox"/>	
Ad Space on Website	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	



Increasing Revenue Streams

Review your checklist of revenue streams. For the services/products you are already doing, brainstorm ways to increase your income doing them. Come up with 3 actions you can take next week to begin the process of expanding your current revenue streams.

Current Revenue Streams	Ideas for Improving/Increasing

Pick 3 of the income streams you would like to explore and write them below. For each potential stream, with a partner, discuss and explore ways to get started.

New Potential Revenue Stream	Ideas for Getting Started



Your Sound Byte Answer to “What Do You Do?”

When someone asks, “What do you do,” instead of saying:

I am a _____. (i.e. nutrition coach, holistic health coach, health coach, chiropractor, acupuncturist, naturopath, holistic MD, holistic nurse, etc.)

Say:

I help (target audience) who are struggling with (top challenge) to (result they desire most) so they can (what they most want to achieve, but can’t because of their challenge).

Try it! Write yours below. **Hint:** It doesn’t have to be perfect and you can change your mind at any time. For now, just go for it.

Practice this over and over until it just flows off your tongue.

Action: Make a commitment to say this to at least 2 people a day.



At-Home and In-Office Tests

Digestion

- HCl Challenge
- Bowel Transit Time
- Pulse Testing for Food Allergies
- Indican

Acid-Alkaline Balance

- pH Assessment – Urine and Saliva
- pH Acid Challenge

Hormones

- Blood Sugar Monitoring
- Basal Body Temperature
- Konisburg Adrenal Fatigue
- Postural Blood Pressure
- Pupillary Constriction
- Raglan's

Vitamins, Minerals and Antioxidants

- Minerals
 - Zinc Assay
 - Iodine Skin Test
 - Neuro-Lingual Mineral Testing
- Oxidata
- Vitamin C Urine

Assess Your Own Body Chemistry: Home Testing Handbook

<http://www.drritamarie.com/go/HomeTestingHandbook>

www.DrRitamarie.com

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Page 1 of 1



Spotlight Coaching Notes

Each person will have 15 minutes to get focused coaching and masterminding. Listen carefully and make notes about what's going on for each speaker, any resources or ideas you have for him/her, and any "ah ha" moments you have while participating in the coaching.

Name	Current Situation	Support Needed	Actions I Can Take as a Result of Listening



Name	Current Situation	Support Needed	Actions I Can Take as a Result of Listening



Name	Current Situation	Support Needed	Actions I Can Take as a Result of Listening



Design Your Own Health Coaching Program



Package Type #1

• Monthly Retainer

- Clients work with you on a month-to-month basis
- Can cancel on either end with 30-days notice
- Automatically billed unless cancelled
- Set number of sessions of particular duration each month
- Great way to get started



Package Type #2

• Time Period Package

- Multi-month commitment
- Substantial savings over retainer
- Walk them through your system
- Accountability (forms, status, diet diaries)
- Include bonus materials: Assessments, Handouts, e-Books, Checklists



Package Type #3

• Package of Sessions

- Clients commit to a certain number of sessions
- Clients can use sessions whenever they want
- Savings compared to individual sessions
- Put a time limit on it so they don't come back years later to use their sessions
- Example: Package of 5 Sessions



Coaching Program Design Template

Title of Program:

Problem Solved:

Target Audience (Niche):

Benefits and Results:

Format of Delivery (one on one, small group, phone or in-person):

Time Frame of Delivery:

Sessions, Length, How Delivered:



Coaching Program Design Template

Additional Elements (recordings, recipe guides, menu plans, charts, documents):

Process:

Pricing:

Notes:



Attracting and Enrolling Clients

Step 1: Master your “What Do You DO?” statement.

Step 2: Find prospective clients.

- At the grocery store/health food store
- Social events
- Clubs and meet-ups
- Networking groups
- Speaking
- JV Partners
 - Other health coaches with similar audience but different deliverable
 - People offering complementary services, i.e. fitness, stress management, personal growth, massage therapists
 - Doctors – NDs, DCs, MDs who are holistic minded but don’t do nutrition and lifestyle coaching
- Online
- Forums
- Blogs
- Through article writing
- YouTube

Step 3: Schedule the prospective client for a free or reduced fee consultation.

1. Free
2. 50% off
3. Deposit to hold appointment (so the client shows up). If it’s not a match, return the deposit. If it is, apply it to the coaching package. If the client doesn’t show up, he/she forfeits the deposit.



Step 4: Have a masterful enrollment conversation.

- Establish rapport
- Explain how the call will go
- Ask questions to explore their desires and needs
- Ask about what's holding them back
- Establish the gap between here and there
- Show them how your services can close the gap

Step 5: Make an irresistible offer.



Step 6: Handle and transform objections.

- **When they say: *I can't afford it.***
 - **You ask:** *If money weren't an issue, is this something you would say yes to?*
Depending on how it goes, you might also ask: *Do you believe that this could work for you? What doubts do you have about whether it will work for you? How might your life shift dramatically if you learned a new way of being?*
- **When they say: *I want to think about it.***
 - **You say:** *Great idea. I've given you a lot to think about, and you need to determine if you really want what you say you want. Can we check in on (DAY)? I have something I would like to e-mail to you, then we can reconnect and I can answer any questions that come up.*
Then write within 24 hours and use the words they told you about what they really wanted most.
- **When they say: *I have to talk it over with my partner.***
 - **You ask:** *What do you think he/she will say?*
Then, depending on what they say, ask them how their partner benefits if they have more energy, learn to make delicious and energizing foods, and have more time for couple fun?
- **When they say: *I think I'm pretty healthy already. I'll just do it on my own.***
 - **You say:** *Has that worked so far in getting you what you want most? You told me you wanted (description). Is that what you really want? Do you have a plan for getting it?*
- **When they say: *I'm too busy now; it's not the right time.***
 - **You say:** *I understand that it's hectic now, and I would love to know how I can support you in getting what you want most. Or: When do you foresee life being less busy so you can do what it takes to get what you want?*



Step 7: Enroll them.

Step 8: Celebrate!

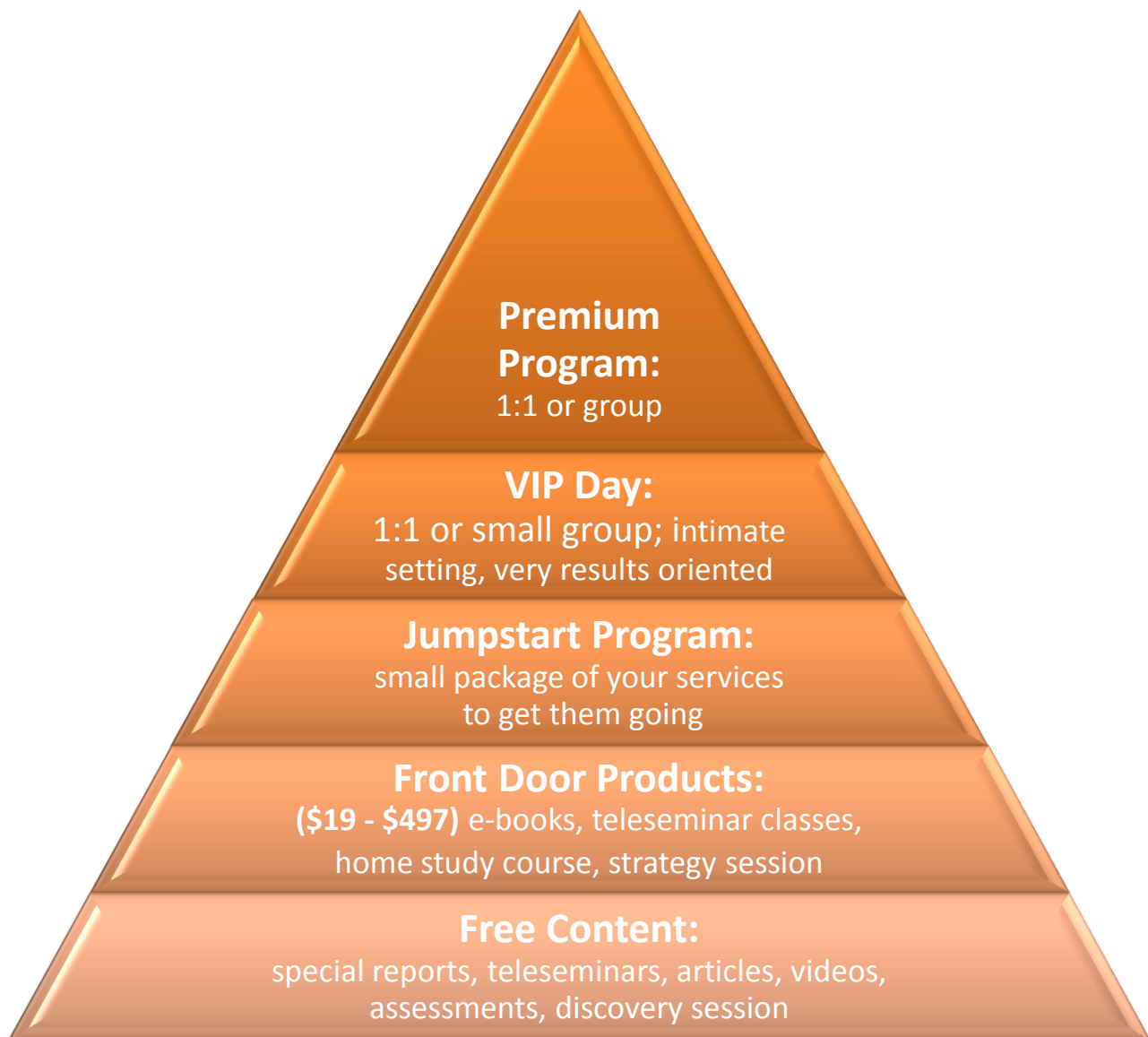
Step 9: Deliver your program and get results.

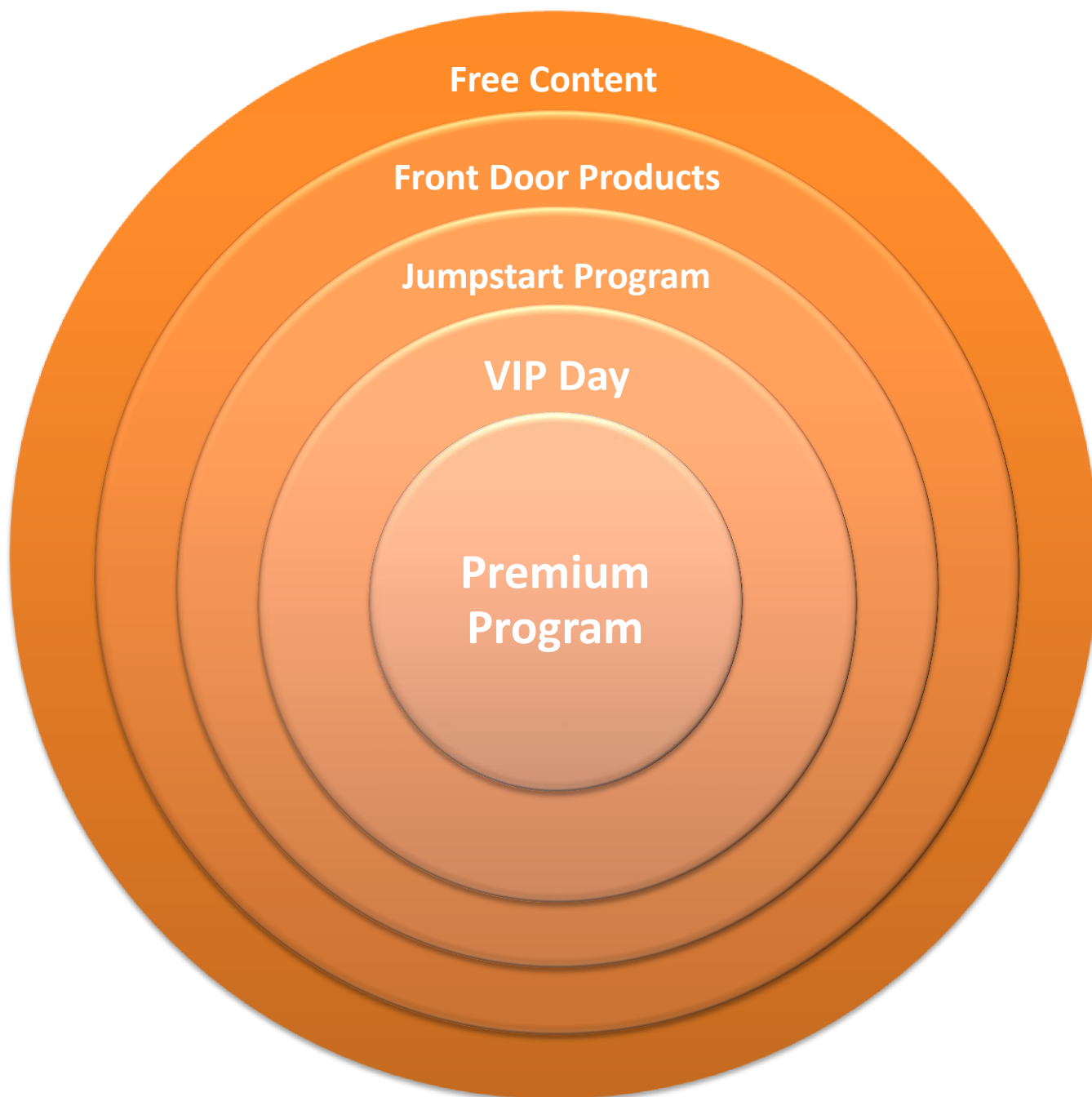
Step 10: Ask for a testimonial.



Practice Levels and Models

- **Level 1:** One-on-one programs and marketing
- **Level 2:** One-on-one programs; one-to-many marketing
- **Level 3:** Group programs; one-to-many marketing
- **Level 4:** Assistant coaches help deliver services
- **Level 5:** Business is scalable and saleable







Nutritional Endocrinology Practitioner Training (NEPT) Certification Requirements

Upon completion of the following criteria, you will be awarded your Certificate and receive the option to have your information listed on the Nutritional Endocrinology Website.

1. **Case Histories:** Submit 3 recorded 20-minute audio sessions demonstrating your capability to establish rapport with clients, take a comprehensive case history, and create a healing protocol. An example template and audio recording will be posted on the NEPT website under the “Certification” section.
2. **Case Write-Ups:** Submit 2 Case Write-Ups in standard format, so that any colleagues or specialists the client is referred to can easily interpret. An example template will be posted in the Certification area.
3. **Coaching Practicum Hours:** You must complete 50-100 hours of coaching / supporting / mentoring members in any of Dr. Ritamarie’s programs. You may apply to complete this requirement after submitting your first recorded Case History session plus 1 Case Write-Up. Upon acceptance, you will be assigned to mentor someone in a Dr. Ritamarie Program who is in need of additional support.
4. **Case Studies Presentation:** Submit a Case Study and walk the other practitioner candidates through it in 20 minutes. You may prepare for this by listening to the Case Studies recordings in the resource library.
5. **Health Topic Presentation:** This presentation must demonstrate your ability to teach a topic to colleagues. You should prepare a 15-minute presentation using visual aids (Power Point or other method) plus respond to a 5-minute Q&A session. You will present your health topic to your colleagues in the program.



6. **Client Handout/Research Paper:** Create and submit a 2-page paper covering a health condition, syndrome, nutrient, herb, supplement, etc. of your choosing, which can be given as a handout or guideline for a client. This needs to be in language and terms that are easily understood by most clients; however, you need to include a bibliography and references to your source documents on the 2nd page. All submissions will be compiled into a Client Resource Handbook for certification candidates to share.
7. **NEPT Module Exams:** Pass the open-book comprehensive examinations covering each module in the NEPT curriculum. Exams will be available at the end of each module.
8. **Completion of all Module Assignments and Projects:** At the end of select modules there will be an assignment or project to reinforce the learning.
9. **Oral Exam Interview:** Complete an interview with Dr. Ritamarie or one of her certified team members to determine qualification (to be scheduled after all other Certification Requirements are met).



Institute of Nutritional Endocrinology (INE) Coaching Opportunities

- Internships
- One-on-One Support for Individuals in Dr. Ritamarie Programs
- Strategy Sessions
- Delivery of One-on-One Coaching Packages
- Group Coaching Mentorship



Homemade Hormone Balancing Elixirs That Work Like Magic

By Dr. Ritamarie Loscalzo

Nutritious and healing recipes can be made from a variety of fresh whole foods, essential oils and herbs. In this booklet, we'll explore the making of healing elixirs that nourish and balance your hormones and provide instant and sustained energy.

Elixirs are defined in many ways. They have been defined as magical or medicinal potions, sweetened liquids (usually containing alcohol and water) serving as a vehicle for medicine. The elixirs we're going to create are definitely liquid, sweetened with low-glycemic sweeteners like stevia, xylitol, or erythritol and the medicine they contain are powerful herbs and super foods for supporting your hormones.





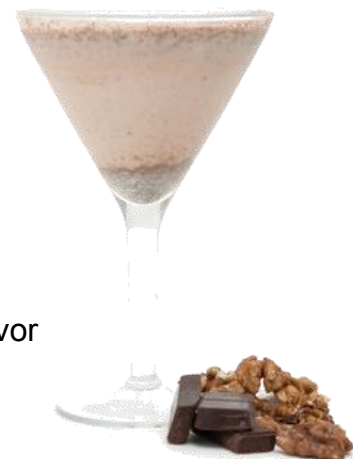
Hormone Balancing Elixirs

Main Ingredients in these energizing elixirs:

- **Liquid base:** herbal tea, nut or seed milk, fresh juice or water – 2 cups
- **Fat source:** nut butter, avocado, *Chia Gel*, soaked nuts, seeds, coconut
- **Herbs:** several teaspoons to several tablespoons
- **Flavorings:** essential oils, extracts, carob, vanilla, raw cacao
- **Sweetener:** stevia, **Lakanto**, erythritol, xylitol, or honey if your blood sugars tolerate
- **Salt:** sea salt or kelp powder

Directions:

1. Boil water and allow herbs to steep 10 minutes or longer to get to full flavor and strength.
2. Put water, fat, herbs, flavorings, sweetener and salt in blender.
3. Blend until smooth, then adjust flavorings and sweeteners to taste.



Organ and Gland Energizing Elixir Ingredients

The chart below contains just a sampling of the dozens of herbs that can be used to support and nourish your organs and glands. Mix and match to delight your palate and your body.

Digestion	Blood Sugar	Adrenal	Thyroid
Pau D'arco	Cinnamon	Maca	Ashwaganda
Cinnamon	Oregon Grape	Gymnostema	Rosemary
Cayenne Peppermint	Olive Leaf	Mucuna Pruriens	Sage
Aloe	Turmeric	Schizandra	Coleus Forskohlii
Slippery Elm	Ginger	Reishi	Guduchi
Marshmallow	Nopal Cactus	Cordyceps	Guggulu
Licorice ***	Ginseng	Shitake	He Shou Wu
	Clove	Astragalus	Black Cohosh
	Konjac	Siberian Ginseng	Eleuthero
		Licorice	Gotu Kola
		Rhodiola	Licorice ***
		Tulsi	Mushrooms
		Ashwaganda	Prickly Ash
		Licorice ***	Rhodiola
			White willow
*** Caution with High Blood Pressure			