



NEPT | NUTRITIONAL
ENDOCRINOLOGY
PRACTITIONER TRAINING

RETREAT HANDOUTS #1

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CHANGING LIVES WITH
ROOT CAUSE HEALTH CARE

Your Big WHY

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?



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?

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:

- ☐ Detective Skills

- ☐ Coaching Skills

- ☐ A System

- ☐ Tools and Resources

- ☐ A Sound Business Model

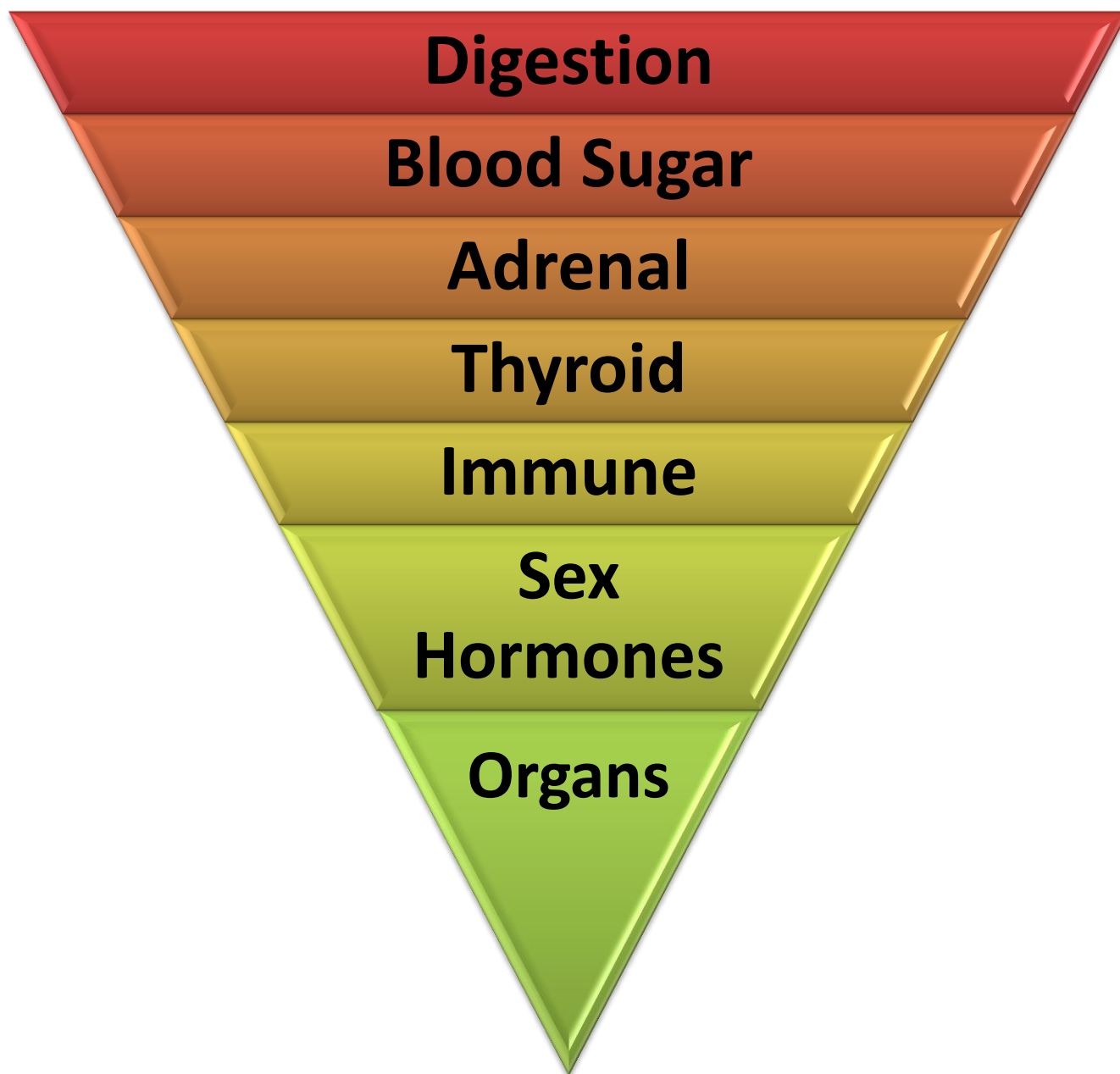
- ☐ Ability to Attract and Enroll Clients

- ☐ Vitality and Confidence



Root Cause Analysis and Client Care Model

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.





Expanding on My Top Five Core Values in Priority Order

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 List of Questions

Here are some suggested questions to ask on a pre-strategy session questionnaire.

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.
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.



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?



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, the process of gathering all the information you need can be very time consuming. I prefer to get a lot of the details, especially historical details involving dates, before the initial consultation.
3. **Initial consultation:** Interview questions
4. **Journals** of their daily activities and diet

The information you'll be gathering falls into the categories you'll find on the next page. You won't need all of these categories 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 I 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 Complaints
- ☐ 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 Shortcuts

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	<input type="checkbox"/> Chicken skin on backs of arms <input type="checkbox"/> Chronic acne <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dry eyes <input type="checkbox"/> Food allergies <input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Poor night vision <input type="checkbox"/> Recurrent infections and colds <input type="checkbox"/> Reduced hair growth in children <input type="checkbox"/> Ulcers <input type="checkbox"/> Hair loss
B Vitamins	<input type="checkbox"/> Afternoon slump <input type="checkbox"/> Cold hands and feet <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Focus issues <input type="checkbox"/> Geographic tongue <input type="checkbox"/> Moodiness <input type="checkbox"/> Poor digestion <input type="checkbox"/> Splitting nails	<input type="checkbox"/> Vertical ridges on nails <input type="checkbox"/> Flaky cuticles <input type="checkbox"/> Splitting skin in corners of mouth <input type="checkbox"/> Thin hair <input type="checkbox"/> Tongue and mouth pain <input type="checkbox"/> Hair loss <input type="checkbox"/> Canker sores <input type="checkbox"/> Cracks in corner of mouth
Vitamin B1	<input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Hysteria <input type="checkbox"/> Loss of appetite; in extreme cases beriberi (mostly in alcoholics). <input type="checkbox"/> Muscle cramps	
Vitamin B2	<input type="checkbox"/> Cracks and sores around the mouth and nose <input type="checkbox"/> Visual problems. <input type="checkbox"/> Low energy <input type="checkbox"/> Eyes sensitive to light and tire easily <input type="checkbox"/> Sore lips <input type="checkbox"/> Sensitive tongue <input type="checkbox"/> Insomnia <input type="checkbox"/> Trembling <input type="checkbox"/> Itching of skin around eyes, ears, mount, scrotum, forehead and scalp	
Vitamin B3 - Niacin	<input type="checkbox"/> Bad breath <input type="checkbox"/> Canker sores <input type="checkbox"/> Confusion <input type="checkbox"/> Depression <input type="checkbox"/> Dermatitis <input type="checkbox"/> Diarrhea <input type="checkbox"/> Emotional instability <input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Memory impairment <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea <input type="checkbox"/> Skin eruptions and inflammation <input type="checkbox"/> Puffy gums



Nutrient	Signs of Imbalance	
Vitamin B5 - Pantothenic Acid	<input type="checkbox"/> Abdominal pains <input type="checkbox"/> Burning feet <input type="checkbox"/> Chronic gas or constipation <input type="checkbox"/> Depression <input type="checkbox"/> Eczema <input type="checkbox"/> Fatigue <input type="checkbox"/> Hair loss <input type="checkbox"/> Immune impairment	<input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Low blood pressure <input type="checkbox"/> Muscle spasms <input type="checkbox"/> Nausea <input type="checkbox"/> Poor coordination <input type="checkbox"/> Seasonal allergies <input type="checkbox"/> Beefy tongue
Vitamin B6	<input type="checkbox"/> Anemia <input type="checkbox"/> Breast cysts <input type="checkbox"/> Carpal tunnel <input type="checkbox"/> Convulsions <input type="checkbox"/> Dandruff <input type="checkbox"/> Excess ear wax <input type="checkbox"/> Irritability <input type="checkbox"/> Patches of itchy, scaling skin <input type="checkbox"/> PMS <input type="checkbox"/> Poor dream recall <input type="checkbox"/> Stiff fingers in AM <input type="checkbox"/> Water retention in AM <input type="checkbox"/> Scalloped tongue <input type="checkbox"/> Tooth decay <input type="checkbox"/> Breaking nails <input type="checkbox"/> Essential Fatty Acid deficiency that doesn't respond to taking fats <input type="checkbox"/> Magnesium deficiency that doesn't respond to magnesium	LABS: <input type="checkbox"/> AST – <input type="checkbox"/> Alt – <input type="checkbox"/> GGT – <input type="checkbox"/> Iron + <input type="checkbox"/> MCV – <input type="checkbox"/> MCH – <input type="checkbox"/> MCHC – <input type="checkbox"/> RDW + <input type="checkbox"/> RBC – <input type="checkbox"/> Hematocrit – <input type="checkbox"/> Hemoglobin – <input type="checkbox"/> Alkaline Phosphatase –
Biotin (Vitamin B7)	<input type="checkbox"/> Dermatitis <input type="checkbox"/> Eye inflammation <input type="checkbox"/> Hair loss <input type="checkbox"/> Insomnia <input type="checkbox"/> Loss of muscle control <input type="checkbox"/> Dry lips <input type="checkbox"/> Breaking nails	
Folic Acid (Vitamin B9)	<input type="checkbox"/> Anemia <input type="checkbox"/> Apathy <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue <input type="checkbox"/> Gastrointestinal upsets Headaches <input type="checkbox"/> Impaired cell division <input type="checkbox"/> Insomnia <input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Neural tube defects in fetus <input type="checkbox"/> Paranoia <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Weakness <input type="checkbox"/> Puffy gums <input type="checkbox"/> Tender tongue <input type="checkbox"/> Canker sores <input type="checkbox"/> Geographic tongue



Nutrient	Signs of Imbalance	
Vitamin B12	<input type="checkbox"/> Tender tongue <input type="checkbox"/> Geographic tongue <input type="checkbox"/> Pale skin <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Dizziness <input type="checkbox"/> Headache <input type="checkbox"/> Cold hands and feet <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Chest pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Heartburn <input type="checkbox"/> Abdominal gas <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Weight loss without trying <input type="checkbox"/> Numbness and tingling in the hands and feet <input type="checkbox"/> Unsteadiness <input type="checkbox"/> Difficulty walking <input type="checkbox"/> Confusion <input type="checkbox"/> Depression <input type="checkbox"/> Hallucinations <input type="checkbox"/> Memory loss <input type="checkbox"/> Vertical ridges on nails <input type="checkbox"/> Bloating	LABS: <input type="checkbox"/> Methylmalonic Acid <input type="checkbox"/> Serum Vitamin B12 <input type="checkbox"/> MCV + <input type="checkbox"/> MCH + <input type="checkbox"/> MCHC + <input type="checkbox"/> Iron + <input type="checkbox"/> RDW + <input type="checkbox"/> WBC – <input type="checkbox"/> RBC – <input type="checkbox"/> Hematocrit – <input type="checkbox"/> Hemoglobin – <input type="checkbox"/> Homocysteine + <input type="checkbox"/> Uric Acid –
Vitamin C	<input type="checkbox"/> Bruise easily <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Joint injuries <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Puffy, bleeding, red gums <input type="checkbox"/> Varicose veins <input type="checkbox"/> Weakened immune system <input type="checkbox"/> Mucus membranes raw and bleeding <input type="checkbox"/> Spongy and bleeding gums are spongy	LABS: <input type="checkbox"/> Hematocrit – <input type="checkbox"/> Alkaline Phosphatase + <input type="checkbox"/> RBC + <input type="checkbox"/> Hemoglobin – <input type="checkbox"/> Hematocrit – <input type="checkbox"/> MCV + <input type="checkbox"/> MCH + <input type="checkbox"/> MCHC +
Calcium	<input type="checkbox"/> Anxiety <input type="checkbox"/> Brittle nails <input type="checkbox"/> Cramps <input type="checkbox"/> Delusions <input type="checkbox"/> Depression <input type="checkbox"/> Insomnia <input type="checkbox"/> Irritability <input type="checkbox"/> Nervousness	<input type="checkbox"/> Osteoporosis <input type="checkbox"/> Palpitations <input type="checkbox"/> Periodontal disease <input type="checkbox"/> Rickets <input type="checkbox"/> Tendency towards headaches <input type="checkbox"/> Tooth decay <input type="checkbox"/> Twitches <input type="checkbox"/> LAB: Serum Calcium



Nutrient	Signs of Imbalance	
Chromium	<input type="checkbox"/> Adult-onset diabetes <input type="checkbox"/> Anxiety <input type="checkbox"/> Fatigue <input type="checkbox"/> Glucose intolerance	
Copper	<input type="checkbox"/> Anemia <input type="checkbox"/> Arterial damage <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fatigue	<input type="checkbox"/> Fragile bones <input type="checkbox"/> Hair loss <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Weakness
Iodine	<input type="checkbox"/> Cretinism <input type="checkbox"/> Fatigue <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Weight gain	
Iron	<input type="checkbox"/> Anemia <input type="checkbox"/> Brittle nails <input type="checkbox"/> Confusion <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Dizziness <input type="checkbox"/> Fatigue <input type="checkbox"/> Headaches	<input type="checkbox"/> Inflamed tongue <input type="checkbox"/> Mouth lesions <input type="checkbox"/> Spooning nails <input type="checkbox"/> Pale blue nails LABS: <input type="checkbox"/> Low serum iron <input type="checkbox"/> Low ferritin
Magnesium	<input type="checkbox"/> Anxiety <input type="checkbox"/> Breast cysts <input type="checkbox"/> Confusion <input type="checkbox"/> Constipation <input type="checkbox"/> Chronic stress <input type="checkbox"/> Cramps <input type="checkbox"/> Dandruff <input type="checkbox"/> Depression <input type="checkbox"/> Excess ear wax <input type="checkbox"/> Heart attack <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Insomnia	<input type="checkbox"/> Irregular heartbeats <input type="checkbox"/> Irritability <input type="checkbox"/> Irritable Bowel Syndrome <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea <input type="checkbox"/> Nervousness <input type="checkbox"/> Noise sensitivity <input type="checkbox"/> PMS <input type="checkbox"/> Restlessness <input type="checkbox"/> Spasms <input type="checkbox"/> Twitching <input type="checkbox"/> Sores around mouth <input type="checkbox"/> Breaking nails
Manganese	<input type="checkbox"/> Atherosclerosis <input type="checkbox"/> Dizziness <input type="checkbox"/> Elevated cholesterol <input type="checkbox"/> Glucose intolerance <input type="checkbox"/> Hearing loss <input type="checkbox"/> Loss of muscle control <input type="checkbox"/> Ringing in ears	



Nutrient	Signs of Imbalance	
Molybdenum	LABS: <input type="checkbox"/> Increased Serum Iron <input type="checkbox"/> Decreased Uric Acid	
Phosphorus	<input type="checkbox"/> Anorexia <input type="checkbox"/> Bone pain <input type="checkbox"/> Weakness	
Potassium	<input type="checkbox"/> Anorexia <input type="checkbox"/> Irritability <input type="checkbox"/> Muscle cramps <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea	
Zinc	<input type="checkbox"/> Acne <input type="checkbox"/> Decreased sense of taste <input type="checkbox"/> Form scars easily <input type="checkbox"/> History of Crohn's disease <input type="checkbox"/> Overconsumption of sweets <input type="checkbox"/> Poor perception of sweet <input type="checkbox"/> Rashes <input type="checkbox"/> Retarded growth and delayed sexual development in children	<input type="checkbox"/> Slow wound healing <input type="checkbox"/> Smelly feet <input type="checkbox"/> Tendency towards infections <input type="checkbox"/> White spots on fingernails <input type="checkbox"/> Puffy gums <input type="checkbox"/> Cracked finger tips LAB: <input type="checkbox"/> Alkaline Phosphatase low
Amino Acids	<input type="checkbox"/> ADHD <input type="checkbox"/> Depression <input type="checkbox"/> Difficulty building muscle mass <input type="checkbox"/> Inability to concentrate	<input type="checkbox"/> Insomnia <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Learning disabilities <input type="checkbox"/> Mood swings
Essential Fatty Acids	<input type="checkbox"/> Acne <input type="checkbox"/> Breast cysts <input type="checkbox"/> Dandruff <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dry skin and hair <input type="checkbox"/> Eczema <input type="checkbox"/> Excess ear wax <input type="checkbox"/> Gall stones <input type="checkbox"/> Hair loss <input type="checkbox"/> Immune impairment	<input type="checkbox"/> Infertility <input type="checkbox"/> Liver degeneration <input type="checkbox"/> Poor wound healing <input type="checkbox"/> Premenstrual syndrome <input type="checkbox"/> Sores around mouth <input type="checkbox"/> Dry lips <input type="checkbox"/> Split cuticles <input type="checkbox"/> Splitting nails

Ideal Client/Ideal Life

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.

My Ideal Client:



Your Ideal Day

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

Be bold and creative!

- 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?

My Ideal Day:



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?



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.



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



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

