



## S.H.I.N.E. Worksheet Packet Table of Contents

Your Big WHY .....	2
What Does It Take to Succeed as a Health Coach? .....	3
Root Cause Analysis and Client Care Model .....	4
HPAT Elixir Demo .....	6
Strategy Session Intake Form: List of Questions .....	9
History Taking Guidelines .....	11
Thyroid Scale Diagram .....	13
Income Streams Checklist .....	14
Design Your Own Health Coaching Program Pkgs .....	17
Practice Levels and Models: Bullseye Diagram .....	18



## 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?



## What Does It Take to Succeed as a Health Coach?

**Please take notes as we brainstorm:**

### Top 5:

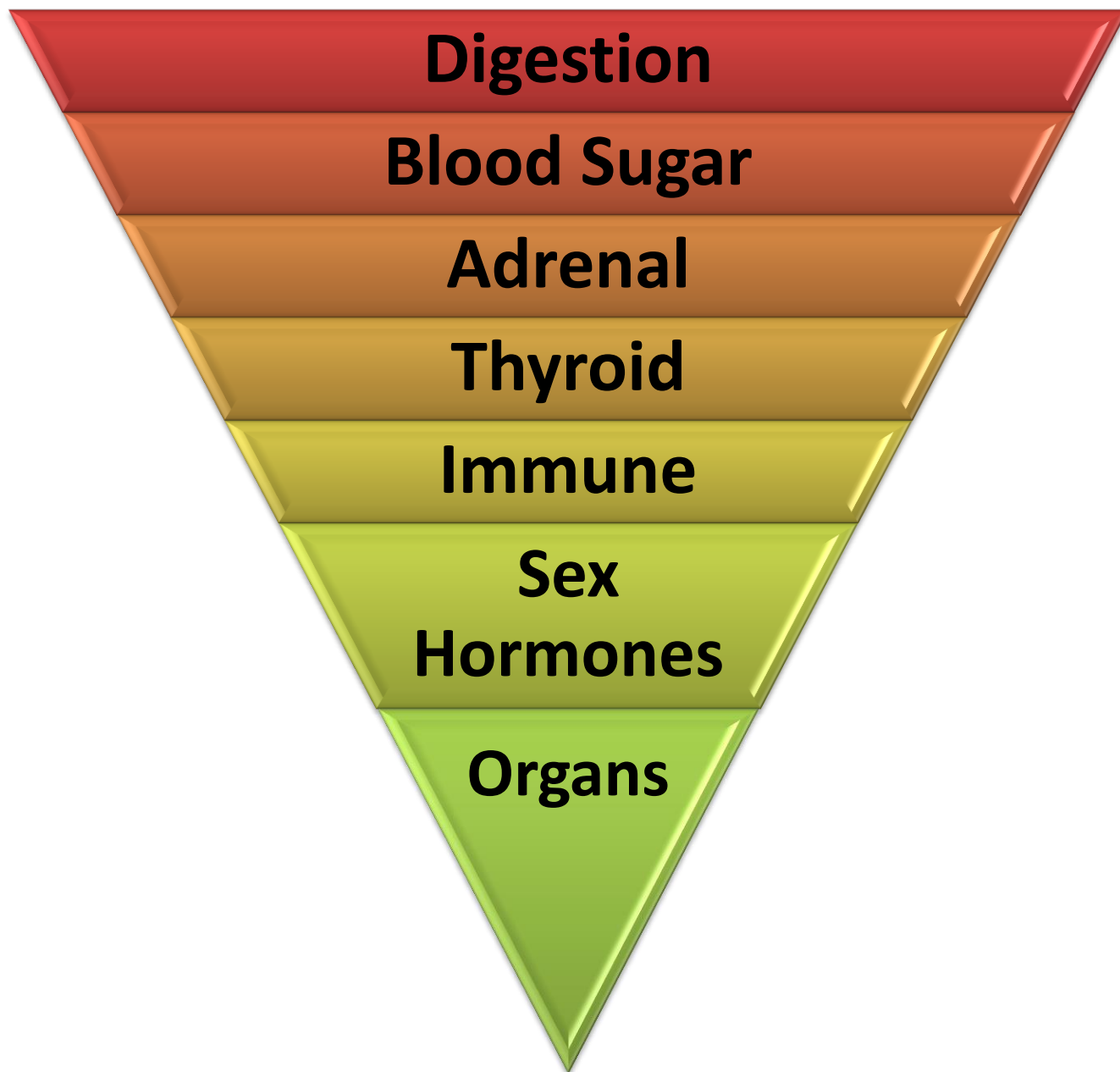
- 1.
- 2.
- 3.
- 4.
- 5.

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



## 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.



## HPAT Elixir Demo

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

#### Ingredients:

- **Liquid base:** 2 cups herbal tea, nut or seed milk, fresh juice or water
- **Fat source:** (Only if not made with nut milk as the liquid base) 2 tablespoons nut butter, 1/2 - 1 avocado (depending on size), *Chia Gel* (see recipe), handful of nuts (preferably soaked), 1/2 cup coconut meat, or 2 tablespoons coconut butter
- **Herbs:** a variety of powdered herbs, mushroom powders, and/or green powders – quantity varies depending on the herb from several teaspoons to several tablespoons
- **Flavorings:** a few drops of essential oils, a dropper full of flavor extracts, up to 2 teaspoons or more of carob, vanilla, or raw cacao
- **Sweetener (low-glycemic):** green leaf stevia or flavored stevia (chocolate, vanilla, English toffee, orange, raspberry), xylitol, or erythritol (**Zero**).  
**Sweetener (high-glycemic):** higher glycemic sweeteners like dates, raisins, coconut nectar, and raw honey are **only recommended** if you are not over weight, do not experience blood sugar imbalances, and are free of candida infections.
- **Salt:** a pinch of sea salt or sea kelp

#### Directions

1. If you're using a tea base, boil water and allow herbs to steep 10 minutes or longer to get to full flavor and strength.
2. Put liquid base, fat, herbs, flavorings, sweetener, and salt in blender.
3. Blend until smooth, then adjust flavorings and sweeteners to taste.



## Boost Your Energy Thyroid and Adrenal Support Elixir

aka *The Hair Elixir*

### Ingredients:

- 2 teaspoons nettle leaf plus 16 ounces purified water
- 4 large Brazil nuts
- 1 tablespoon raw organic walnuts
- 1 tablespoon hemp seeds
- 1 tablespoon coconut butter (Artisana) OR 2 tablespoons dried coconut
- 1/2 teaspoon kelp powder
- 1/2 teaspoon bladderwrack powder
- 1/2 teaspoon coleus powder (optional)
- 1/2 teaspoon shilajit powder
- 1/2 teaspoon cordyceps mushroom powder
- 1/2 teaspoon ashwagandha powder
- 2 tablespoons raw carob powder or raw cacao powder
- 1/4 teaspoon stevia green leaf powder, or 6-8 drops your choice flavored liquid Sweet Leaf Stevia, or 1 teaspoon Zero or Lakanto

### Directions:

1. Boil water and steep nettle for 10-15 minutes.
2. Combine all ingredients in blender and blend until smooth.
3. Adjust sweeteners and flavorings to taste and enjoy.

**Personal Note:** This elixir is affectionately known as the "hair regrowth" elixir by many people who claim their hair loss stopped and hair thickened after 30 days of daily use. Your experience may vary!





## Adrenal Energizing Candy – General Guidelines

### Ingredients:

- 2 heaping tablespoons nut butter
- 1 scoop protein powder
- 1 tablespoon green powder
- 2-3 teaspoons of a variety of herbs and medicinal mushroom powders
- 2 tablespoons coconut oil
- 1 teaspoon flavor extract (vanilla, almond, etc.)
- 2 tablespoons finely shredded coconut
- 4 drops essential oil, or to taste (cinnamon, peppermint, lemon, orange, etc.)
- low-glycemic sweetener: stevia drops or powder, erythritol, lo han

### Directions:

1. Put all ingredients except coconut oil in a bowl and stir until well combined.
2. Add coconut oil and stir until smooth.
3. Add shredded coconut and stir well (if desired).
4. Add stevia or other sweetener if desired for extra sweetness.
5. Spoon into candy molds or ice cube trays or spread into a baking dish lined with wax paper.
6. Freeze until solid, about half an hour.





## 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

## Thyroid Scale Diagram

*(Type your findings for each lab value, TSH, FT4 and FT3 in the box above the range where it most closely aligns)*

Labs	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	+7	+8	+9	+10
<b>TSH</b>																					
	0.10   0.17	0.18   0.25	0.26   0.33	0.34   0.41	0.42   0.49	0.50   0.65	0.66   0.81	0.82   0.97	0.98   1.13	1.14   1.29	1.30   1.80	1.81   2.20	2.21   2.60	2.61   3.00	3.01   4.00	4.01   5.00	5.01   6.00	6.01   8.00	8.01   10.0	10.0   15.0	15.0   99.0
<b>FT4</b>																					
	0.30   0.34	0.35   0.39	0.40   0.49	0.50   0.59	0.60   0.69	0.70   0.79	0.80   0.89	0.90   0.99	1.00   1.09	1.10   1.19	1.20   1.30	1.31   1.40	1.41   1.50	1.51   1.60	1.61   1.70	1.71   1.80	1.81   1.90	1.91   2.00	2.01   2.10	2.11   2.20	2.21   4.00
<b>FT3</b>																					
	140   157	158   175	176   193	194   211	212   229	230   247	248   265	266   283	284   301	302   319	320   330	331   348	349   366	367   384	385   402	403   420	421   438	439   456	457   474	475   492	493   600

Adapted from Dr. Bruce Rind: <http://www.drind.com/therapies/thyroid-scale>

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<b>FT4</b>																					
	0.30   0.34	0.35   0.39	0.40   0.49	0.50   0.59	0.60   0.69	0.70   0.79	0.80   0.89	0.90   0.99	1.00   1.09	1.10   1.19	1.20   1.30	1.31   1.40	1.41   1.50	1.51   1.60	1.61   1.70	1.71   1.80	1.81   1.90	1.91   2.00	2.01   2.10	2.11   2.20	2.21   4.00
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	0.30   0.34	0.35   0.39	0.40   0.49	0.50   0.59	0.60   0.69	0.70   0.79	0.80   0.89	0.90   0.99	1.00   1.09	1.10   1.19	1.20   1.30	1.31   1.40	1.41   1.50	1.51   1.60	1.61   1.70	1.71   1.80	1.81   1.90	1.91   2.00	2.01   2.10	2.11   2.20	2.21   4.00
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## Income Streams Checklist

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"/>	



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"/>	



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"/>	





# Design Your Own Health Coaching Program Pkgs



## 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



## Practice Levels and Models: Bullseye Diagram

