**Nutrition to Support Physical Activity (L/616/4753)**

Nutrition consultation template

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| Learner name: |  | Learner’s contact number: |  |
| Assessor’s name: |  |  |  |

Please note it is essential the above details are completed as the assessor may need to contact the learner should further clarification be required

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| 1. **Client Profile**
 |
| Gender: |  | Age: |  | Height: |  | Weight: |  |
| BMI (show calculation) | Body fat (%) | Health statusDoes the client need referring to a GP/health professional? |
| 1. **Description of lifestyle, to include: family, occupation, hobbies etc.**
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| 1. **Description of present exercise and physical activity levels (apply FITT where appropriate).**
 | **Description of past exercise and physical activity levels (apply FITT where appropriate)** |
|  |  |
| **4. Exercise and physical activity likes and dislikes:** |
| Likes: |  | Dislikes: |  |
| **5. BMR Calculation (please show whole calculation)** |
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| **6. Approximate daily kcal requirement:(based on current activity levels, by calculating BMR and adding physical activity factor)** |
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| Any other comments: |

**Nutritional Case Study - Nutritional profile and analysis**
Based on the client’s 7 day food diary (this can be found at the end of this document) and other information gathered from the client, complete the nutritional profile and analysis.

Please include a copy of the client’s 7 day (minimum) food diary with this analysis.

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| **7. Clients nutritional likes and dislikes** |
| Likes: |  | Dislikes: |  |
| **8. Analysis of the client’s eating habits** |
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| **9. Analysis of the client’s current nutritional intake in relation to quantity (number of portions eaten daily and portion size) and nutritional quality of their diet compared to healthy eating guidelines. Provide a rationale for your analysis in terms of health status.** **Note if there are any concerns which lead you to believe the client should be referred to their GP.** |
| **Quantity** | **Quality** |
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| **Following the analysis in the previous question, identify the good components of the client’s nutritional intake and any recommendations in accordance to the Eatwell Guide and Governmental guidelines.**  |
| **Good intake** | **Recommendations**  |
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# Nutritional Case Study - Goal setting

Applying the principles of nutrition to a physical activity programme.
Based on the information gathered from the client and the analysis of this information agree short, medium and long-term SMART (nutritional and exercise/activity) goals with the client.

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| **10. SMART goals** |
| **Nutritional Long-Term goal** | **Physical Activity Long-Term goal** |
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| Agreed review points: |  |
| **Nutritional Medium-Term goal** | **Physical Activity Medium-Term goal** |
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| Agreed review points: |  |
| **Nutritional Short-Term goal** | **Physical Activity Short-Term goal** |
|  |  |
| Agreed review points: |  |

I agree with the above goals and review points and understand the advice I have been given.

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| Client’s signature: |  | Date: |  |

Based on the information you have gathered from your client, your analysis and agreed goals, provide a nutritional and exercise/activity plan that will help your client to achieve their goals.

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| **11. Identify 2 sources of educational information that you will access and make use of with your client and describe how these will help your client achieve their goals** |
| Source of information  | How it will help the client achieve their goals |
| a) |  |  |
| b) |  |  |
| **12. Outline of nutritional changes required** | **Why these changes will help your client achieve their goals** |
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| **13. Overview of proposed exercise and physical activity plan aligned to the agreed nutritional changes and goals (applying FITT where appropriate).** |
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**Nutritional Case Study - Short-term goal review**

Review the short-term goals (see the goal setting section for review timescale) and evaluate your client’s understanding of the nutritional advice and how it links to the exercise/physical activity plan. Evaluate their progress and suggest any changes that might be needed as a result of this review.

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| **14. Review of client’s understanding and feedback from the client about the plan** |
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| **15. Negotiated changes to the nutritional goals and/or exercise/physical activity plan** |
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I can confirm that I have worked with a client and that the information given in this case study is authentic.

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| Learner’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |
| Assessor’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |
| IAQ’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |

**Nutritional Case study - checklist (Assessors use)**

Key: ✓ = Pass, C = Pass with comment, Q = Question, R = Refer

The learner requires a ✓ or a C in every box in order to pass. Questioning can be used where written evidence is insufficient and should be indicated by a Q and then ✓ or R.­­­­­­­­­­­­­­­­

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|  | **The learner demonstrated that they:** | **Outcome** |
| N1 | Identified and collected information that needs to be collected to offer nutritional advice to clients within scope of practice |  |
| N2 | Applied methods of and analysing nutritional intake and body composition suitable for use with their clients |  |
| N3 | Recognised how to interpret collected information so that client’s needs and nutritional goals could be identified with reference to current government healthy eating guidelines and evidence-based recommendations |  |
| N4 | Interpreted information gained from methods used to assess body composition and health risk in relation to weight |  |
| N5 | Highlighted if the client should be referred to a GP |  |
| N6 | Recorded information about the client and their nutritional goals in an approved format (digital or otherwise) |  |
| N7 | Designed and agreed nutritional goals that are compatible with the analysis, accepted good practice and national guidelines |  |
| N8 | Ensured that the nutritional goals support and integrate with other programme components |  |
| N9 | Agreed review points with the client |  |
| N10 | Reviewed the client’s understanding of how to follow the nutritional advice as part of their physical activity programme |  |
| N11 | Monitored, evaluated and reviewed the client’s progress towards their nutritional goals |  |
| Date | Outcome | Date | Re-assessment |
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**Assessor feedback sheet**

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| **Learner’s Name:** |  | **Assessor’s Name:**  |  |

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| **Question number** | **Assessor feedback as to how the learner met the outcomes above (reference using N1 to N15):** |
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| **Final Result:** | Pass |  | Refer |  |  |

(An X must be entered into either the pass or refer box to represent the overall result for this worksheet)

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| Learner’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |
| Assessor’s signature: |  | Date: |  |
| *\*an electronic signature is acceptable on this document* |
| IAQ’s signature: |  | Date: |  |
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| **FOOD DIARY – DAY 1 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| *\*Shaded columns to be completed by the trainer* |  |  |  |  |  |  |
| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |
| **FOOD DIARY – DAY 2 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |

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| **FOOD DIARY – DAY 3 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |

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| **FOOD DIARY – DAY 4 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |

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| **FOOD DIARY – DAY 5 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |

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| **FOOD DIARY – DAY 6 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |

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| **FOOD DIARY – DAY 7 Date:**  |
| **Time** | **Food and drink consumed** | **Amount** | **Outlines of exercise and activity** | **Portion tally** | **Approximate Kcal’s** | **Recommendation** |
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| **Portions tally**Water – CHO – Protein – Oils & spreads – Dairy – Fruit & Veg –  | **Total daily Kcal’s** |