



# Nature's Answer to Cancer

Release your inner healing, naturally!

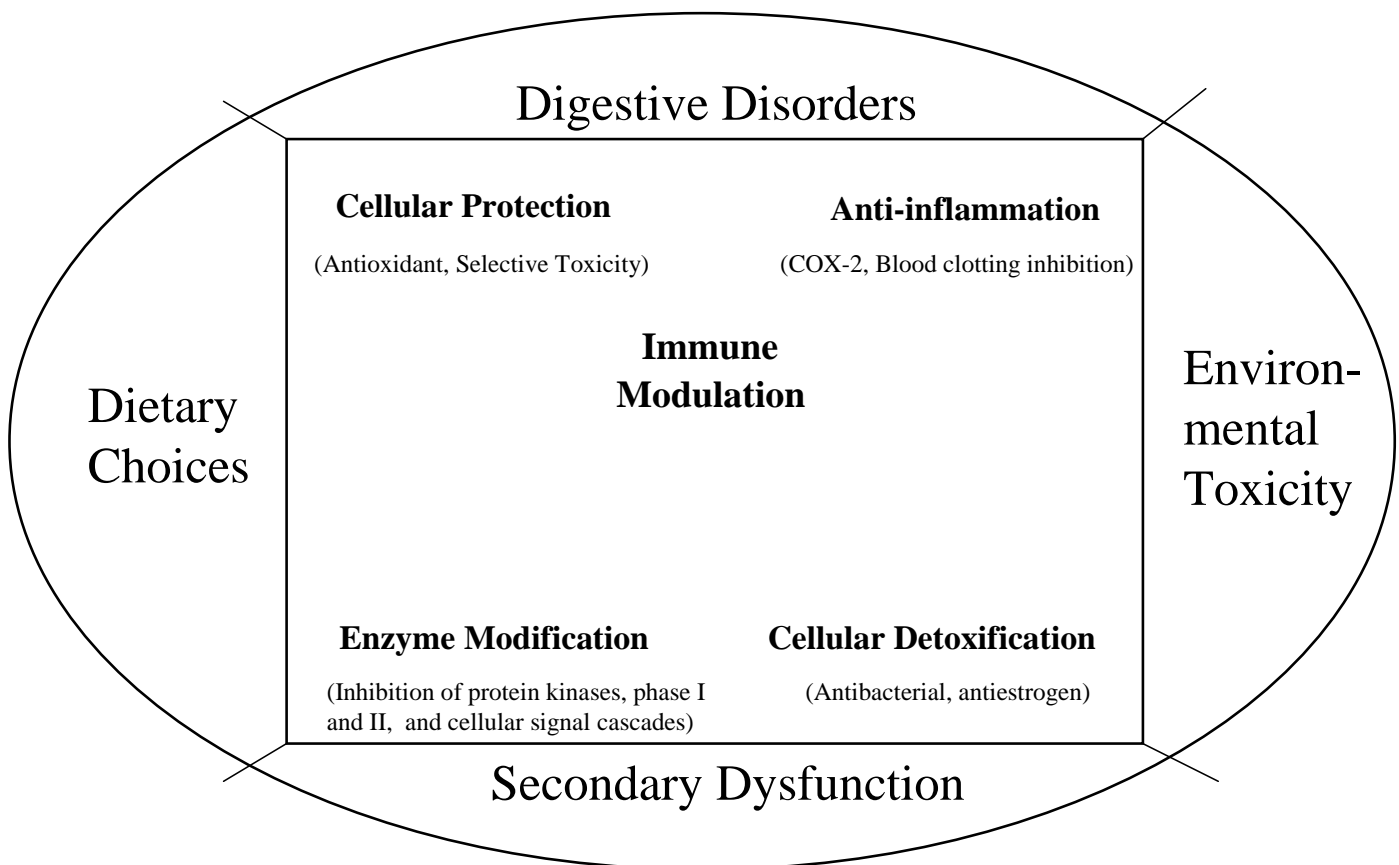


KIM DALZELL  
Ph.D, R.D., L.D.  
Author of "Challenge  
Cancer and Win!"

## Nutrition Consultations

Dr. Kim Dalzell provides telephone nutrition consultations based on her exclusive Inside-Out Healing Model © 2007 NutriQuest—All Rights Reserved

## Inside-Out Healing Model





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## Nutrition Programs

Each unique consultation session begins with a pre- assessment of your health status, so that I can formulate the best place to begin our discussion. No consultation is "cookie cutter" and I always share my ideas and the rationale behind my recommendations so you fully understand the impact of what you need to do. My delivery is straightforward and will motivate you to make the changes you need for long-lasting healing and health. To support your changes, I will share ideas about which products or services (mine or others) might help support, motivate and sustain your ongoing efforts toward optimal health.

### **The Ongoing Support Program\*\***

12 weeks of customized support \$3,000.00

This comprehensive program includes 12 weeks of unlimited access to me by email, phone, fax, or regular mail. This program is designed to support the cancer patient and caregiver during the cancer treatment process. Through nutritional strategies, I help smooth the transition from initial diagnosis through treatment initiation. I assist with the prevention of, or therapy for, any treatment side effects, provide meal planning ideas and vitamin support when appropriate. I offer real-time advice to cover your changing needs before surgery, during chemotherapy, through radiation and/or beyond cancer treatment. This is your chance to get ALL of your questions about nutrition answered in a timely manner and optimize your cancer fighting treatment plan!

\*\*Please call me so we can talk about whether this program is right for you. This service has limited enrollment opportunities.

### **The Fight Fatigue Program**

1-hour telephone consult \$200.00

If you've lost weight quickly, you probably have limited energy and are at high risk for malnutrition—a significant cause of death in cancer patients. I provide solutions based on the root cause of your weight loss and determine calorie, protein and/or individual nutrient goals. Only then can I devise a step-by-step diet plan that takes you from eating bites to eating an entire meal with the goal of having you feel stronger with more energy. Specific foods and nutrients will be suggested to support the rebuilding and regeneration of your body.

### **The Digestive Wellness Program**

1-hour telephone consult \$200.00

Before you can eat to fight cancer, you need to make sure your digestive system is in working order. For individuals with digestive disorders, I assess the level of toxic burden on the bowel and identify the potential causes of decreased intake, digestion, absorption or utilization. Then, I recommend a step-by-step dietary and nutrient plan to accommodate resting and then reactivating the GI tract. You'll walk away with diagnosis-specific foods and nutritional supplement suggestions to support every stage of healing.



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## **The Eat Right for Your Cancer Type Program**

1-hour telephone consult \$200.00

This program is for individuals who eat well, but want to fine tune their dietary strategies to include specific foods and dietary supplements that have been scientifically proven in clinical studies to kill, slow the growth or reduce the spread of their kind of cancer cell.

## **The Cancer Prevention Program**

1-hour telephone consult \$200.00

This program is for individuals who are at risk for developing, or are concerned about getting, cancer. You will receive specific recommendations on how to integrate strategic dietary habits into your busy lifestyle as well as dietary supplement guidance.

## **Follow up sessions**

\$100.00 per ½ hour

### **How You Will Benefit:**

- Get help while in the comfort of your own home
- Receive recommendations that will work with, not against, your current cancer treatment plan
- Get information you can trust
- Clear up your confusion about the latest nutrition trends
- Find peace of mind about what to eat
- Reduce mealtime stress
- Improve your energy levels
- Enhance your digestion
- Walk away with a clear understanding about which foods fight your kind of cancer
- Support your immune system
- Get reassurance about potential dietary supplement interactions with prescription medications

### **Fee Information**

To secure your appointment, you are required to provide payment information when you submit your paperwork; however, you will not be charged until the first day of service. The fees for The Ongoing Support Program are due on the first day of service and are non-refundable. There are no exceptions to this policy.

### **To get started, follow these 3 easy steps:**

1. **Complete the following questionnaire**
2. **Attach a copy of your latest CBC and chemistry panel (your doctor's office will have a copy—so just ask)**
3. **Return the questionnaire and lab paperwork to:**  
NutriQuest, Inc.  
PO Box 874  
Round Lake, IL 60073  
**For fastest service, please fax to: 847-548-2843.**



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Kim's recommendations are not intended as diagnosis, prescription, treatment or cure for any disease. Please share her recommendations with your physician. All of your information will be treated in accordance with all confidentiality laws and practices.

## Nutrition and Lifestyle Questionnaire

By completing this questionnaire you are taking the first step toward better health. Do you want the best results? Be honest and thorough in your answers.

Date you are completing this questionnaire \_\_\_\_\_

### Personal Profile

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any known Allergies: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Usual Body Weight: \_\_\_\_\_

Have you experienced any weight change? \_\_\_\_\_ Gain \_\_\_\_\_ Loss \_\_\_\_\_ No

If yes, how much? \_\_\_\_\_ pounds Over what period of time? \_\_\_\_\_

### Lifestyle Profile

What is/was your occupation? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Do you exercise? No Yes Describe \_\_\_\_\_

Do you smoke? No Yes Describe \_\_\_\_\_

How do you relieve stress? \_\_\_\_\_

Do you have problems sleeping? \_\_\_\_\_



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Please list any specific concerns you would like Dr. Kim to know about:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

How did you hear about this service? \_\_\_\_\_

## **Medical Profile**

What is your diagnosis? \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Have you had surgery? No Yes Briefly describe \_\_\_\_\_

Are you on chemotherapy? No Yes Type \_\_\_\_\_

Duration: \_\_\_\_\_

Are you on radiation? No Yes Duration: \_\_\_\_\_

Is there any other pertinent information relating to your cancer treatment you would like the nutritionist to know about? \_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions you have *or have had* in the last 10 years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last hospitalization: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

\_\_\_\_\_



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**List all current prescription medications:** Attach separate sheet if necessary.

<u>Name</u>	<u>Dosage</u>	<u>For Which Condition?</u>

**Do you take any of the following over-the-counter medications on a regular basis (at least three times per week)?**

Antihistamines	No	Yes	Brand _____
Antacids	No	Yes	Brand _____
Pain Relievers	No	Yes	Brand _____
Laxatives	No	Yes	Brand _____

### Physical/Digestion Profile

**Do you experience any of the following conditions on a regular basis?**

Trouble swallowing pills?	No	Yes	
Decreased appetite?	No	Yes	
Nausea?	No	Yes	
Vomiting?	No	Yes	
Constipation?	No	Yes	
Diarrhea?	No	Yes	
Mouth sores?	No	Yes	
Taste/Smell changes?	No	Yes	
Pain?	No	Yes	Where? _____
Headaches?	No	Yes	
Fatigue?	No	Yes	Please rate on a scale of 1-10* _____
Stress?	No	Yes	Please rate on a scale of 1-10* _____

*\*Use a "1" to indicate "No fatigue or stress" and a "10" to indicate "An extreme amount of fatigue or stress."*



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## Nutrition Profile

Briefly describe:

Are you on intravenous or tube feedings? No Yes \_\_\_\_\_

Do you take high calorie/protein drinks? No Yes \_\_\_\_\_

Do you have dietary restrictions? No Yes \_\_\_\_\_

Do you have any dietary allergies? No Yes \_\_\_\_\_

**Please list any vitamins, herbs or other supplements you take on a regular basis.**

Attach a separate sheet if necessary.

Name of product

Dosage

How often do you take it?

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## Laboratory Data

Please mail or fax a recent (drawn within the past 30 days) Complete Blood Count (CBC) and Comprehensive Chemistry Panel.

## Food Intake Record

Please use the space on the following page to list what you typically eat in a day. Below is an example of what your first entry might look like:

<u>Time</u>	<u>Food consumed</u>	<u>Amount</u>
7:00a.m.	oatmeal	½ c
	toast, whole wheat	2 slices
	juice, orange	1 c
	butter	1 tsp



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## Food Intake Record

Please use the space below to list what you typically eat in a day:

<u>Time</u>	<u>Food Consumed</u>	<u>Amount</u>
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## Food Frequency Analysis

Complete the following statements:

1. I eat an average of \_\_\_\_ servings of fruits and vegetables per day.
2. I eat an average of \_\_\_\_ servings of whole grain products per day.
3. I eat an average of \_\_\_\_ servings of soy foods (tofu, soy milk, miso) per day.
4. I like to snack. Yes \_\_\_\_ No \_\_\_\_
5. I crave sugar. Yes \_\_\_\_ No \_\_\_\_
6. I crave fatty or creamy foods. Yes \_\_\_\_ No \_\_\_\_
7. I use sugar substitutes. Yes \_\_\_\_ No \_\_\_\_
8. I drink \_\_\_\_ cups of water or fluid per day.
9. I drink \_\_\_\_ regular soft drinks per day.
10. I dine out at restaurants (fast food or sit-down) \_\_\_\_ times per week.



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## INFORMED CONSENT FOR NUTRITION COUNSELING

I understand that Kim's recommendations are not intended as diagnosis, prescription, treatment or cure for any disease. I agree to share her recommendations with my physician. I understand that my information will be treated in accordance with all confidentiality laws and practices.

I agree to hold Kim, NutriQuest, Inc. and its employees harmless for claims and damages in connection with our work together. This is a contract between myself and Kim Dalzell, PhD, RD, LD, and I understand that it is also a release of her potential liability.

\_\_\_\_\_  
**Client Signature (YOU MUST SIGN HERE)**

\_\_\_\_\_  
**Date**

I would like the following service:

- |   |            |
|---|------------|
| <input type="checkbox"/> The Ongoing Support Program                | \$3,000.00 |
| <input type="checkbox"/> The Fight Fatigue Program                  | \$ 200.00  |
| <input type="checkbox"/> The Digestive Wellness Program             | \$ 200.00  |
| <input type="checkbox"/> The Eat Right for Your Cancer Type Program | \$ 200.00  |
| <input type="checkbox"/> The Cancer Prevention Program              | \$ 200.00  |
| <input type="checkbox"/> ½ hour Follow-Up Session                   | \$ 100.00  |

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Visa/MC (circle one):

Name on card: \_\_\_\_\_

Account number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

*Advance payment for consulting is required to secure your appointment. However, you will not be billed until the consultation has been completed.*

*Insurance does NOT typically cover nutrition counseling fees.*

**RETURN TO: NutriQuest, Inc., PO Box 874, Round Lake, IL 60073**

**Or FAX TO: 847-548-2843**