

## 1. Please enter your information.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about our Functional Whole30 program?  
\_\_\_\_\_

## 2. Have you completed a Whole30 or started one previously?

- No
- Started, did not finish
- Yes, Completed
- Yes but often didn't follow, but kept going
- Yes, but didn't do reintroduction properly

## 3. If started, but didn't complete it, what was your reason for stopping?

- No
- Started, did not finish
- Yes, but didn't do reintroduction properly
- Completed

Other:  
\_\_\_\_\_

## 4. What are your reasons or goals for this Functional Whole30?

\_\_\_\_\_

## 5. How familiar are you with Whole30? Which books or resources have you used?

\_\_\_\_\_

## 6. Will anyone in your household be joining you? If so who, and what age?

\_\_\_\_\_

## 7. How would you describe your (and your family/household) current way of eating? Use your own words and be as detailed as possible:

\_\_\_\_\_

## 8. What percentage of your meals are prepared at home?

- 90% or more
- About half (40-60%)
- Most (60-90%)
- Less than half (Under 40%)

9. Who in your home plans, preps, and cooks meals? How is this working for you?

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10. What do you think will be your (and your household's) biggest challenge in this program?

- No
- Started, did not finish
- Yes, but didn't do reintroduction properly
- Completed

## Personal History

This section is about your health and lifestyle history. Your answers are confidential and will help us best support you.

11. Do you have any chronic "gut" or digestive issues (bloating, gas, reflux, constipation, loose stools)? If so, please describe:

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12. Do you have a history of binge eating, compulsive eating, eating disorders, or "food addiction" that you are aware of? If so, please share more detail:

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13. Whole30 eliminates all forms of sugar and alcohol. Caffeine is allowed, as long as it's in an unsweetened form. How do you feel about breaking up with sugar and alcohol for 30 days plus the reintroduction period of 10 days?

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14. Have you had recent issues with weight gain or loss? If so please describe:

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15. Have you had recent abnormal metabolic labs (glucose, insulin, cholesterol, triglycerides, hemoglobin A1C)? If so please describe:

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16. Do you have any medical conditions or diagnoses to let us know about (gastric bypass, diverticulosis, IBS, diabetes, alcohol use disorder, etc)?

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17. Please list current medications:

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18. This program is to support you in long-term healthy eating, beyond the program. What do you think are your biggest barriers to healthy eating?

- Sugar
- Alcohol
- Environment
- Lifestyle
- Lack of family support
- Stress
- Finances
- Too set in ways
- Binge eating
- Lack of planning
- Lack of understanding
- Emotional eating

Other:

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19. The program content is a self-study format, with 6 sections that are released one at a time. In addition, we have 4 live Zoom meetings for coaching and questions, that take place on Saturday mornings 10 am Pacific time. We also have a private Facebook group where we interact, answer questions, give support, and share food photos and recipes daily for the 50 days of this program. Which venue do you plan to use? (We recommend all three).

Program content online

Zoom meetings

Facebook group

## CONSENT TO PARTICIPATE

### DISCLOSURES

Kirsten Redding and Laura Paris team-teach the Functional Whole30 educational program. Kirsten is a certified Whole 30 coach and Laura is a certified nutrition consultant and functional medicine practitioner. This education program is intended to promote general health and wellness. It is not meant to diagnose, treat or cure any disease or ailment. You acknowledge and agree to accept all responsibility for reviewing diet, nutrition, and lifestyle suggestions with a licensed medical professional before following said suggestions. As with any program, there may exist inherent risks which may be relative to your state of health, fitness, awareness, care, and skill with which you conduct yourself. You agree that it is your responsibility to inquire about any recommendations with which you are not familiar and provide any information which may limit your participation in the Functional Whole30 program. Results and changes in your general health and wellness may vary depending on medical conditions, medications, and accuracy in following our suggested guidelines. As your general health and wellness may change with modifications in diet, nutrition, and lifestyle, physician-prescribed medications may require modification. It is your responsibility to discuss this with your physician. Never reduce or eliminate physician-prescribed medications without the direction of your physician or medical care provider. Your personal and health information will remain confidential and will not be shared without your consent.

This Functional Whole30 is a group educational program that takes place in three formats:

1. **Independent-study access to the program content** and downloads on the website [parishealingarts.com](http://parishealingarts.com). This content is open for the 50-day duration of the program, and is where the program "lives."
2. **Four group meetings on Zoom.** These meetings are for live coaching and Q & As. They take place at 10:00 am California Pacific time and are not recorded. These group meetings are optional. If you choose to not attend or cannot attend you will not miss the program content.
3. **A private closed Facebook group** for daily interaction with Kirsten, Laura, and the other program participants. This is where you can ask questions, share your experience and photos, and experience supportive interaction with the group participants. Even if you're not "on Facebook," we encourage you to create a Facebook profile and use it just for this program. You can always delete your profile afterward. However, this is optional. You won't miss the program content if you do not participate.

This group program does NOT provide:

1. **Individual support** via phone, email, or private messaging, with the exception of tech support to access the program. However, you can schedule private sessions with Kirsten or Laura if you find you need and want to pursue one-on-one support.
2. **Individual medical advice or care.** This is an educational program and does not replace care from your physician or primary care provider. If you are a patient of Laura's in her private practice, your relationship here in this educational program is teacher-student, not doctor-patient. Please save your personal medical questions for your next medical appointment with Laura.

### CONSENT TO PARTICIPATE

I have read and understood the above disclosures about the Functional Whole30 educational program

offered by Kirsten Redding and Laura Paris. I understand that the Functional Whole30 program is not medically authorized nor sponsored by any licensing bodies. I understand it is my responsibility to maintain a relationship for myself/my participating family members with a medical doctor or licensed health provider.

By signing below, you agree to the above terms and conditions for participation in Whole30.

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Client Signature

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Date