**Name:** Amy Wagner

**Counseling Project Part I (30 points): your first session with your client**

**SESSION 1 with Client**

*C****lient History and Assessment and Dietary Intake***

Use Form A-Client Assessment Questionnaire on the course website under *Content/Assignment*s.

1. You have two options:
	1. Complete Form A with your client during your first session.
	2. Give Form A to your client prior to your first session. If you choose this option, you must have the informed consent form signed before you give them Form A.

**YOU DO NOT HAVE TO SUBMIT FORM A WITH THIS ASSIGNMENT**

1. Conduct 24-hour recall and Typical Day (use Form B – Dietary Intake Form) and analyze the data. The instructions for the interview and the dietary assessment are provided on Form B.

**SUBMIT YOUR COMPLETED FORM B TO THE ASSIGNMENT BOX ON D2L, ALONG WITH THIS ASSIGNMENT**

***Analysis of 24-Hour Recall, Typical Day and Client History and Assessment (This needs to be completed before your second session with your client)***

After completing the dietary analysis(Forms A & B), compose a written evaluation of your client’s diet. Your written analysis should answer all of the following questions (1-6). Question/answer format is acceptable for submission.

1. Summary of each of the five sections of Form A (i.e., demographic, health history, medication & supplement history, diet history and social history). This summary is a narrative description of the data that gives an overview of the client’s health history. This summary must be at least two paragraphs, single-spaced.
* My Client, WM, is a 51-year-old postmenopausal female. She is 5’5”, weighs 185 pounds, has a BMI of 30.8 and reports having gained 35 pounds in 2.5 years after having a hysterectomy. The medical concerns she currently has include: fibromyalgia, and herniated discs. She claims that she has severe chronic muscle and joint pain which is why she lack adequate sleep. Her family medical history includes: her father’s prostate cancer, high blood pressure, high cholesterol, and prediabetes. It also includes her mother’s breast and skin cancer, and osteoporosis. Along with this, her sister has a thyroid disorder, both her parents are obese, and her son has Type 1 DM.
* Her current complaints are her appetite, sudden weight change, and her stress level. She expressed strong feelings against physical exercise. Most physical activity agitates her herniated discs and causes her severe pain. However, she says walking is her preferred choice of physical activity. She has no food allergies or intolerances, however she hates most fruits, and will not eat red meat. Her supplemental medication history includes: probiotic, turmeric, antioxidants, Excedrin (for headaches), and Tylenol (for body aches).
1. Keeping in mind the findings from Form A, evaluate the data obtained from the 24 hour recall and typical day. Choose at least one *nutrition diagnosis from the Nutrition Diagnostic Terminology* form found on the course website (you can use two if applicable): your nutrition diagnosis should be from the intake and/or behavior section (not clinical). *Examples: Inadequate fiber intake, excessive energy intake, food- and nutrition related knowledge deficit.*
* **Nutrition Diagnosis:** Excessive energy intake; (Have patient decrease energy intake to about 1,680 kcal/ day.
* **PES Statement:** Excessive energy intake related to failure to adjust lifestyle changes and decreased metabolism due to aging, menopause, and hysterectomy, as evidenced by BMI of 30.8, intake of energy in excess of estimated energy needs, and 35-pound weight gain over 2.5 years.
1. Document strengths of your client’s diet.
* A strength of my client’s diet is that she drinks water every morning before eating anything. She also chooses to drink tea instead of coffee which reduces her caffeine intake. She also does not add any sweetener or creamer to her tea. My client loves to eat vegetables which she often incorporates into many of her homemade meals.
1. Document concerns/areas for improvement about your client’s diet (e.g., skips meals, low in fruit and whole grains etc).
* The concerns I have for my client in regards to her diet include: skipping breakfast when she knows she will be eating out later in the day, overeating at meals and in between meals, over consumption of junk food (i.e., candy, chocolates, donuts, pretzels), lack of structure to her day, lack of family support system, lack of physical activity.
1. General recommendations/suggestions to improve diet/eating behavior/eating patterns.
* A behavior change that I would like to work on with my client would be self-control, and eating in moderation. I recommend that she cut out sweets from her daily diet, and eat them in moderation. I suggest that she eat regular meals (breakfast, lunch dinner, with one or two small snacks in between). Because my client refuses to keep a food diary or track her food in anyway, I suggest that at each meal she mentally assesses the food groups on her plate and the portion size of each food.
1. Develop at least two specific nutritional goals and at least one specific eating behavior goal your client can work on to improve their diet (you will decide which goal to work on first in collaboration with your client).
* **Nutrition Goal 1:** Replace foods high in saturated fat with healthier fat options.
* **Nutrition Goal 2:** Increase physical activity by walking at least 5,000 steps per day.
* **Behavior Goal 1:** Improve client’s self-efficacy and self-monitoring abilities by mentally evaluating the qualities and nutrition value of each food group on her plate each time she eats. This does not include tracking food or counting calories. However, it is evaluating the food she will be eating before she eats it.
* **Behavior Goal 2:** Acknowledging the feeling of satiety and learning that she doesn’t need to eat when she is board.