

## Nutritional Consultation Request Form

Our goal is to provide each client with individualized attention, personalized instruction and multi-dimensional programming options that will significantly contribute to his/her nutrition and wellness goals. Please fill out the following information and drop off at the Service Desk.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_  **Current Member**     **New Member**     **Non-Member**

**Phone (home):** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Nutrition Goals:** Please check all that apply.

***General Health***

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Weight management<br><input type="checkbox"/> Lower cholesterol<br><input type="checkbox"/> Healthy meal preparation<br><input type="checkbox"/> Proper serving size<br><input type="checkbox"/> Reduce my risk of disease<br><input type="checkbox"/> Prenatal/Postpartum | <input type="checkbox"/> Food shopping tips<br><input type="checkbox"/> Pre/During/Post exercise tips<br><input type="checkbox"/> Making healthier food choices<br><input type="checkbox"/> Sports specific training<br><input type="checkbox"/> Child nutrition<br><input type="checkbox"/> Food allergies | <input type="checkbox"/> Deciphering food labels<br><input type="checkbox"/> Boosting performance<br><input type="checkbox"/> Heart health<br><input type="checkbox"/> Vegetarian meal planning<br><input type="checkbox"/> GI disorder<br><input type="checkbox"/> Other |
|---|---|---|

**Please list any allergies, disorders or concerns:**

\_\_\_\_\_

**Past Nutritional Counseling experience:**

\_\_\_\_\_

To help us match you up with the most appropriate Dietitian, please circle your preferences below.

- 1. Number of Nutritional Consultations per week:**    1    2    3    4    5
- 2. Length of each Nutritional Consultation:**    ½ Hour    One Hour
- 3. Preferred days:**    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday
- 4. Please check the time(s) of the day you are available to meet with your dietitian:**
- Early morning (5:15 – 8:00 am)     Mid-morning (8 – 11 am)     Early afternoon (11am – 2 pm)
- Late afternoon (2 – 5 pm)     Evening (5 – 8 pm)     Late evening (8 – 10 pm)
- 5. Specific Dietitian:** \_\_\_\_\_ **Preferred start date:** \_\_\_\_\_

**A Dietitian will contact you to set up an appointment.**