

# Nutrition Consultation Request Form

Our goal is to provide each client with individualized attention, personalized instruction and multidimensional programming options that will significantly contribute to one’s fitness and wellness goals. Please fill out the following information and return to the Member Services Desk.

Name \_\_\_\_\_  Current Member  New Member  Non-Member Date \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Nutrition and wellness goals (please check all that apply)		
<input type="checkbox"/> Weight management	<input type="checkbox"/> Food shopping tips	<input type="checkbox"/> Deciphering food labels
<input type="checkbox"/> Lower cholesterol	<input type="checkbox"/> Pre/during/post-exercise tips	<input type="checkbox"/> Boosting performance
<input type="checkbox"/> Healthy meal preparation	<input type="checkbox"/> Making healthier food choices	<input type="checkbox"/> Heart health
<input type="checkbox"/> Proper serving size	<input type="checkbox"/> Sport-specific training	<input type="checkbox"/> Vegetarian meal planning
<input type="checkbox"/> Reduce my risk of disease	<input type="checkbox"/> Child nutrition	<input type="checkbox"/> GI disorder
<input type="checkbox"/> Prenatal/Postpartum	<input type="checkbox"/> Food allergies	<input type="checkbox"/> Bariatric Surgery (Pre/Post)

Please list any allergies, disorders or concerns \_\_\_\_\_

Previous nutrition counseling experiences \_\_\_\_\_

To help us match you up with the most appropriate dietitian, please mark your preferences below:

1. Preferred number of Nutrition Consultations per week	1	2	3	4	5		
2. Length of each Nutrition Consultation	30-minute	60-minute					
3. Preferred days (select all that apply)	M	T	W	TH	F	SA	S
4. Please indicate the time(s) of the day you are available							
<input type="checkbox"/> Early morning (5:15 am – 8:00 am)	<input type="checkbox"/> Mid-morning (8:00 am – 11:00 am)	<input type="checkbox"/> Early afternoon (11:00 am – 2:00 pm)					
<input type="checkbox"/> Late afternoon (2:00 pm – 5:00 pm)	<input type="checkbox"/> Early evening (5:00 pm – 8:00 pm)	<input type="checkbox"/> Late evening (8:00 pm – 10:00 pm)					