

Lisa Kilgour

NUTRITIONIST

INTAKE FORM

Name: _____

Date: _____ Age: _____ Sex: _____

What is your purpose for this visit?

Have you ever been diagnosed with an ailment related to your main health issues?

Are you currently taking any medication? Yes No

List Reason(s) _____

Please list any vitamins, minerals, herbal or homeopathic remedies you are currently taking and the amounts/dosages: _____

Do you experience any symptoms if meals are missed? Explain: _____

Do you experience any symptoms after meals? Explain: _____

CLIENT STATEMENT:

I understand and acknowledge that the services provided are at all times restricted to consultation on the subject of health matters intended for general well-being, and are not meant for the purposes of medical diagnosis, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.

In order to avoid a cancellation fee, please call to reschedule your appointment 24 hours or more in advance.

Signature: _____ Date: _____

Name (print): _____

Address: _____

Phone: _____ Email: _____

Please sign me up for your monthly Health & Wellness e*newsletter

FOOD DIARY

Name: _____ Dates: _____

DAY	BREAKFAST	LUNCH	DINNER	SNACK
1				
2				
3				
4				