



thenutricentre

Health Objectives

Nutritionist's name:

Client's name:

Store location:

Date of consultation:

| Reason 1 | Your comments |
|---|---------------|
| Symptom, issue or condition you want to address. | |
| Duration - how long have you felt like this or experienced this symptom(s)? | |
| Have you seen a doctor about this for a diagnosis? Did you receive any medical treatment? | |
| Is there any background or extra health or lifestyle information that relates to this situation that you want your practitioner to know about? Please give details. | |
| Reason 2 | Your comments |
| Symptom, issue or condition you want to address. | |
| Duration - how long have you felt like this or experienced this symptom(s)? | |
| Have you seen a doctor about this for a diagnosis? Did you receive any medical treatment? | |
| Is there any background or extra health or lifestyle information that relates to this situation that you want to practitioner to know about? Please give details. | |