



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.	