



the nutri centre

Nutritional Therapy Consultation Report

Nutritionist's name:

Client's name:

Store location:

Date of birth:

Consultation date:

Current energy rating out of 10:

General comments on your food diary

FOOD / DRINK TO HAVE MORE OF

Food / drink	Reason	How often should I have this food / drink?

FOOD / DRINK TO HAVE LESS OF

Food / drink	Reason	How often can I have this food / drink?

Food preparation advice:

SUPPLEMENT PLAN

Supplement	Brand	Dosage	When to take

Suggested lifestyle changes:

Personal message / any other comments: