

# Nutrition Counseling Request



## Contact Information

Name	
Phone	
Email	
Preferred Contact Method	

## Availability

During which hours are you available for counseling?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							

## Goals

Tell us why you are interested in nutrition counseling

- \_\_\_\_\_ Weight Loss    \_\_\_\_\_ Weight Gain    \_\_\_\_\_ Building Healthy Eating Patterns  
\_\_\_\_\_ Sports Performance    \_\_\_\_\_ Improving Wellness    \_\_\_\_\_ Family Nutrition  
\_\_\_\_\_ Prevention of a Medical Condition    \_\_\_\_\_ Management of a Current Medical Condition

Additional Information (Specific Goals, Weight Loss/Gain, Current Eating Patterns, Current Activity, Etc.)

## Please Include Any Current Medical Conditions or Health Challenges Below

## Person to Notify in Case of Emergency

Name & Contact Number	
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## Preparing for Your Appointment/Cancellation Policy

- ❖ Please bring any prescription medications or supplements you are currently taking, as well as any lab results available to you.
- ❖ Please arrive at least five minutes prior to the scheduled time of your appointment. If you are late, your appointment will be shortened.
- ❖ **If you need to cancel your appointment, please give 24hrs notice or you may be responsible for cost of your missed session.**

## Agreement and Signature

By checking the box, you are acknowledging that you have read and understand the cancellation policy.

**Thank you for your interest in Nutrition Counseling with the YMCA.**

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**Staff Members: Please Notify The Nutritionist (Jen) Immediately Upon Receiving A Referral Form!**

**Staff Member Taking Referral:** \_\_\_\_\_ (Initials/Name)

**Nutritionist (Jen) Notified (Date):** \_\_\_\_\_