



NUTRITION SERVICES

Registered Dietitian Consulting Group

Independent Living Dietitian Consultation Request

Name: _____ Phone Number: _____

Please answer as much information as you are comfortable, and as it applies to your reason for a nutrition consultation.

What nutrition conditions or concerns do you wish to be seen for?

Do you follow any diet restrictions or special diets?

Was this diet prescribed by your doctor? No Yes

On the scale below, how well do you follow this diet?

Always

1

2

3

4

5

6

7

8

9

Rarely

10

Do you take any medications for your nutritional condition or concern?

Are you concerned about your weight?

No

Yes, I want to gain weight

Yes, I want to lose weight

Height: _____

Weight: _____

Height: _____ Weight: _____ I want to weigh: _____

What are your goals?

Office Use: Request date: _____ Consultation date: _____