

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.

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

Staff Member Taking Referral: _____ (Initials/Name)

Nutritionist (Rachel) Notified (Date): _____