Pre-Visit Form



I understand I will be charged for the full rate of each missed nutrition session if I do not call ahead with at least 24-hour notice, and these sessions will not be able to be made up in the future. I agree to pay for the full amount for the session at the time of service or, if a package deal, the full amount at the time of the first session (cash or personal check only; no credit cards). I agree to pay any amount that is not covered by my insurance. Nutrition appointments need to be completed within 6 months of purchase. Unused sessions will be lost.

Name:		Address:	
Phone:	Date of Birth	h: Sex:	
Email:		Food Allergies:	
Reason for Appointme	ent:		
Medical History:			
Physician:		Phone Number:	
Insurance (Regence S	ubscribers only):		
Diagnosis (if applicable):		Pertinent Labs:	
Current Medications:		Supplements:	
Age: Hei	ght: Weight:	Weight History:	
Exercise (type, duration	on, frequency):		
Exercise (type, duration Work Status (if worki	on, frequency): ng – type of work, hour		
Exercise (type, duration Work Status (if working Situation (share)	on, frequency): ng – type of work, hour red meals? Eat alone?): _	s/wk):	
Exercise (type, duration Work Status (if working Situation (share Energy Level (0-10):	on, frequency): ng – type of work, hour red meals? Eat alone?): _	s/wk):	
Exercise (type, duration) Work Status (if working Situation (share Energy Level (0-10): Alcohol (quantity, free	on, frequency): ng – type of work, hour red meals? Eat alone?): quency):	Stress Level (0-10):	
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Exercise (type, duration Work Status (if working Situation (share Energy Level (0-10): Alcohol (quantity, free Drugs: Are Who shops for food and If cook, who does it? Food cravings: Short-term goal(s):	on, frequency): ng – type of work, hour red meals? Eat alone?): quency): verage hours sleep: nd where? How often ea	Stress Level (0-10): Tobacco (cigarettes/day): How is your appetite: at out in a week (where)? Food dislikes:	O