



# NUTRITION AND FITNESS WITH HOPE

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Web: [www.nutritionwithhope.com](http://www.nutritionwithhope.com)

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_

Tel: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day/month/year

Pertinent medical history: \_\_\_\_\_

Lab values: (please fax in the blood work)

Medications: \_\_\_\_\_

Concerns (specific issues for RD and PTS to address or be aware of e.g. poor dietary habits, weight loss, pre-diabetes, diabetes, high cholesterol, etc). Other: \_\_\_\_\_

Name of Doctor or specialists involved \_\_\_\_\_

Referred by: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Signature: \_\_\_\_\_

Registered Dietitian/Nutritionist or Nutrition counselling fees are covered by a lot of Insurance companies or Group plans