



Chiropractic • Naturopathy • Massage Therapy • Acupuncture

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www.NaturaWellnessClinic.com

Registered Dietitian Form

Date: _____

Name: _____ Sex: M / F / Other Birthdate: _____
MM/DD/YY

Phone number: _____
Home Cell Work

May we leave messages related to your visits? Y / N

Address: _____

Email address: _____

May we send you educational news or clinic promotions via email? Y / N

What is your occupation? _____

Do you have extended health coverage? Y / N / Not Sure

Insurance company: _____ Amount eligible: _____

Group Policy #: _____

Medical/Family Physician: _____ Phone: _____

Address: _____

Date of last visit: _____ Permission to contact your physician? Y / N

How did you hear about dietitian services at Natura Wellness Clinic?

1. Have you seen a dietitian before? If so, when and for what purpose(s)?

2. What is your primary reason for seeking nutrition consultation today?

Medical History

1. Please list any medical conditions (e.g. type 2 diabetes, high cholesterol, high blood pressure, etc.) and past surgeries:

2. Please list all medications and supplements that you are currently taking:

Name of medication	Dosage	Frequency	Purpose

3. Do you have any food allergies or intolerances?

4. Do you have any dietary restrictions (religious, vegan or vegetarian, etc.)?

Anthropometrics

1. Height: _____ Current weight: _____

2. Have you lost or gained weight recently? If so, how much?

Habits

1. Do you drink alcohol? Y / N

2. Do you use tobacco products? Y / N

3. How often in a week do you eat out? _____

4. In your household, who does the most grocery shopping? _____

Who does the most cooking? _____

I certify that the information provided on this form is accurate to the best of my knowledge. By completing this form and booking an initial nutrition consultation, it is implied that I consent for the Registered Dietitian to use my personal information for the purposes of nutrition assessment and development of treatment plans. I also consent to allow staff at Natura Wellness Clinic and Live-it Plan Nutrition and Technology Inc./Sophia Zheng to use my personal information for administrative purposes.

Client Signature

Date