

Pre-Appointment Questionnaire

Please complete the following form before your appointment with the Dietitian, so that they can provide you with their best possible service. All information provided is confidential and appreciated.

Name:

1. What is the reason for your visit?

2. Please circle below any discussion points you would like to cover your appointment. (Please note: some points may need to be covered or continued in future appointments.)

Weight
management

Sport/fitness
nutrition

Diabetes

Food allergies

Heart health

Mindful eating

IBS/ Gastrointestinal
symptoms

Specific nutrients

Fussy eating in children

Pregnancy and food

3. Have you seen a Dietitian before? If yes, please state when and what for:

4. Do you take any regular supplements? If yes, please state: