



## Nutritional Therapy Consultation – Follow-Up Report

Nutritionist's name: .....

Consultation date: .....

Store location: .....

Client's name: .....

Date of birth: .....

### How are you feeling on your plan?

Current energy rating out of 10: .....

Nutritionist comment:

### Foods you were asked to eat more of

Progress you have made with this:

Nutritionist comment:

### Foods you were asked to eat less of

Progress you have made with this:

Nutritionist comment:

**Comments on lifestyle changes:**

Nutritionist comment:

**Changes to supplement plan:**

**Any other comments or suggestions:**