



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: