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Nutritional Client Information Form

Name

Age

Email

Phone Number

Address

Health Details

Medications Currently Taken

Current Health Conditions (if any)

Allergies (food, environmental etc)

Dietary Restrictions or Concerns

Previous or Current Diets/Treatment Methods

What are your primary goals or reasons for seeking nutritional coaching?

What aspects of your diet do you feel you need to improve?

List any supplements currently taken (including dosage, frequency, and purpose)

Coaching Agreement

Please read the following statements carefully and type your initials to indicate your agreement.

I understand that the coaching provided is for general information purposes and is not intended to replace professional medical advice.

Initials or tick the box:

I understand that nutrition coaching requires my active participation to achieve desired outcomes.

Initials or tick the box:

I acknowledge that results may vary and are not unconditionally guaranteed. Initials or tick the box:

By signing below, I agree to the terms and conditions outlined in this form.

Date

Client Signature

This form reflects our intent to work together to create a positive way forward in your journey towards better health. We will provide support and guidance through regular coaching sessions, keeping you accountable to your nutritional goals. Remember, your active participation is key to achieving the desired outcomes. By signing this form, you signify your commitment to our collaborative effort. Let's embark on this transformative journey together, and I'm confident we can achieve great results!