



## New Client Introduction

Name:

Date:

1. Chief Health Concerns:

2. Medications and/or nutritional supplements currently being taken:

3. Please keep track of what you eat **two days before** your appointment. For example, if your appointment is on Friday, record in the spaces below what you eat on Wednesday and Thursday.

Breakfast

Breakfast

Snacks

Snacks

Lunch

Lunch

Snacks

Snacks

Dinner

Dinner

Snacks

Snacks