

Client details and consent

CLIENT DETAILS	
Name:	_____
Date of Birth:	_____ Age: _____
Address:	_____

Contact Telephone:	_____
e-mail:	_____

GP DETAILS	
Name:	_____
Address:	_____

Please indicate below if any of the following applies to you:

	Y	N	Medication / supplements / other details
Pregnant or breast feeding			
Smoker			
Diabetes – type 1			
Diabetes – type 2			
Heart disease			
Stroke			
High Blood pressure			
High Cholesterol			
Allergies			
Overweight / Obese			
Under-active thyroid			
Underweight			
Awaiting surgery			
Surgery in the past 12 months			
Inflammatory Bowel			
Irritable bowel syndrome			
Other – please specify			

Are you attending any other specialists or clinics for any of the above? Yes / No

If yes, please give details: _____

Physical Activity:

How active are you in your day to day life? _____

Do you take part on any regular exercise? If so, please specify type, duration and frequency: _____

Informed consent:

- I give my consent for a dietetic consultation with Nathalie Jones, Dietitian
- I will declare all relevant medical details as listed above and understand that failure to do so will exempt Nathalie Jones from any liability.
- I give my consent for Nathalie Jones to contact my GP about the above where appropriate and understand that she may inform my GP of the dietary treatment plan given.
- I consent to the following measurements being taken as is deemed necessary:

Height	Yes / No
Weight	Yes / No
Waist circumference	Yes / No
Hip circumference	Yes / No
Blood pressure	Yes / No

- I will inform the dietitian of any changes to the above during the course of treatment.

Signed: _____ Date _____

Print name: _____