



Self Referral to Nutritionist (Non-diet Approach)

Please ensure you read and complete all the necessary sections of the form to avoid delays with accessing the service

Your Details

Name _____
Date Of Birth _____ Gender Male Female Non-binary Prefer not to say
Phone Number _____ Email _____
Address _____

Reason for Referral

Please tell us a little about why you are seeking an appointment with a nutritionist

Existing Medical Conditions

Please indicate any diagnosed health conditions

- | | |
|---|---|
| <input type="radio"/> High blood pressure | <input type="radio"/> Asthma |
| <input type="radio"/> Raised cholesterol | <input type="radio"/> Cancer |
| <input type="radio"/> Heart problems | <input type="radio"/> Thyroid problems |
| <input type="radio"/> Diabetes | <input type="radio"/> Liver problems |
| <input type="radio"/> Arthritis | <input type="radio"/> Depression/anxiety/stress |
| <input type="radio"/> Osteoporosis | <input type="radio"/> Other: _____ |

Medications

Please list any current medications
(or attach a copy of your prescription tear-off if you have one)

Additional Support Needs

Please let us know if you have any additional support needs to be able to access the scheme



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Additional Information

If there is any other information that you feel is relevant please let us know

Emergency Contact Information

Name _____ Relationship _____

Phone Number _____ Email _____

Consent

By signing this form, I agree that I have not withheld any relevant information and will advise of any changes in my health status should any occur. I understand that nutrition advice will be provided based on the information that I have shared. The nutrition advice provided is not intended nor implied to be a substitute for professional medical advice. I understand that the referral scheme is based on non-diet principles and therefore health is the focus not weight loss and the service does not provide traditional weight loss counselling options such as meal plan, calorie counting, weighing or measuring. I further consent that any data collected by the scheme maybe deidentified and used for monitoring and evaluation purposes.

Signature

Date

Office Use Only

Appointment Date _____ Appointment Time _____

Confirmation Yes No

Notes
