



KIMBERLY YOUNG

NUTRITION. INTEGRATIVE THERAPIES. WELLNESS

NUTRITION CLIENT QUESTIONNAIRE

DATE: _____

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ OK TO USE FOR RESULTS?: _____

TELEPHONE: CELL: _____ HOME: _____

PREFERRED METHOD OF CONTACT: _____

IN CASE OF EMERGENCY, WHO CAN BE CONTACTED?

NAME: _____ PHONE: _____ RELATIONSHIP: _____

KNOWN ALLERGIES? (FOOD, MEDICATIONS, OTHER?)

CURRENT MEDICATIONS (PLEASE INCLUDE SUPPLEMENTS):

WHAT DO YOU HOPE TO GAIN FROM A NUTRITIONIST?

NUTRITIONAL INFORMED CONSENT

Kimberly Young Consulting, LLC does not give medical advice or engage in the practice of medicine. All guidance, research and/or clinical data published by Kimberly Young Consulting LLC or it's subsidiaries is intended for informational purposes only and should not be used as a substitute for professional medical diagnosis and treatment. Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of nutrient intake in order to supply good nutrition supporting the physiological and biomechanical processes of the human body.

Kimberly Young Consulting LLC does not accept insurance. Payment is due at the time of service. Cancellations with 24 hour advance notice are required to avoid additional fees.

I HAVE READ AND UNDERSTAND THE ABOVE:

SIGNATURE: _____ DATE: _____