



**RICHMOND OLYMPIC OVAL
COMMUNITY LEGACY
PROGRAM**

Nutrition & Health History

Please fill out this form as accurately as possible and either return it to the front desk or submit electronically to **Ashley Miller** at amiller@richmondoval.ca prior to your first appointment. If you are unsure about which nutrition package would best suit your needs, please feel free to contact Ashley by phone at **778.296.1453** or by email.

Date: _____

First Name: _____

Email: _____

Last Name: _____

Date of Birth: _____

Address: _____

Preferred form of communication: Phone Email

City: _____

Preferred spoken language: English Other: _____

Province: _____ Postal Code: _____

Primary Phone #: _____

Occupation: _____

Additional Contact #: _____

Employed by: _____

Referred by: _____

Family Physician: _____

Emergency Contact Name: _____

Address: _____

Emergency Contact #: _____

City: _____

Relationship: _____

Province: _____

Postal Code: _____

Physician's Phone #: _____

Are you presently taking any pills, drugs, or medications? _____

Have you taken prolonged medications in the past? _____

GENERAL INFORMATION

MEDICAL INFORMATION

MEDICAL HISTORY



Do you currently have, or have you had in the past, any of the following?

- Heart disorder
- High blood cholesterol
- Low blood sugars
- Fainting Spells
- Low blood pressure
- High triglycerides
- High blood sugars
- Diabetes
- High blood pressure
- Hepatitis/jaundice
- Tuberculosis
- Asthma
- Cancer
- Thyroid problems
- Psychiatric care
- Stroke

Other (please specify) _____

Surgery (if so, what type and when?) _____

Allergy to food? (If yes, please describe) _____

Allergy to medication? (If yes, please describe) _____

What is the reason for today's visit? _____

Have you ever visited a registered dietitian or nutritionist? _____

If yes, what was done at the time? _____

Have you ever been on a special diet before? _____

If yes, what type of diet and for how long? _____

- Nutrition Consultations are valid for 3 months from date of purchase.
- Nutrition Consultations are non-transferable and non-refundable.
- If the client arrives late for a scheduled session, a full session with the Registered Dietitian is not guaranteed. If the Dietitian is late for a session, the client will receive their full session time.
- A minimum of 24 hours notice is required for all cancellations. Failure to provide 24 hours notice, or failure to show up for a scheduled appointment will result in the forfeit of that session.
- In the event where it would be medically beneficial for the Registered Dietitian to contact my physician, I consent to this being done for the sole benefit of my health.

I have read and understood the above statements. By signing below I am agreeing to the terms and conditions outlined above.

Client Signature

Date