



www.eatfithealth.com

Lori Enriquez, MPH, RDN, LDN, CHES, FAND
215 W Church Rd., #112
King of Prussia, PA 19406

Ph: 610.476.8877 FAX: 1.888.979.9268
Lori@eatfithealth.com

Follow-up nutrition appointment- please complete the following and bring to your appointment

Client Name: _____ **Date:** _____ **Blood tests**

Health Insurance

- I have NOT had a change in my health insurance since my last nutrition appointment.
- I have HAD a change in my health insurance since my last nutrition appointment. I will bring my new card to my appointment and verify my benefits by calling the number on the back of my insurance card.

Medical Testing (blood tests or medical testing such as: colonoscopy, DEXA Scan, MRI, Xray, or stress test)

- I have NOT had blood tests or medical testing since my last nutrition appointment.
- I have HAD blood tests since my last nutrition appointment and will bring a copy to my appointment.
- I have HAD medical testing since my last nutrition appointment (please describe):

Medical Conditions

- I have had NO changes to my medical condition(s) since my last nutrition appointment.
- I have HAD changes to my medical condition(s) since last appointment (please list):

Prescription Medications

- I have had NO changes to my prescription medication(s) since my last nutrition appointment.
- I have HAD changes to my prescription medication(s) since my last nutrition appointment (please list current items you are taking, if you need more room please write on back of this page):

Prescription Medication	Dose	When Taken	Who Prescribed

Over-the-Counter Medications & Supplements

- I have had NO changes to over-the-counter medication(s) or supplement(s) since my last appointment.
- I have HAD changes to over-the-counter medication(s) or supplement(s) since last appointment (please list current items you are taking, if you need more room please write on back of this page):

Over-the-counter Medication or Supplement	Dose	When Taken	Who Recommended