



www.eatfithealth.com

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FOLLOW-UP FORM

Please complete the following and send before your follow-up appointment.

Client Name: _____ **Date:** _____

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 share my new card before 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 or medical testing since my last nutrition appointment and will send results or discuss at my appointment.

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

Weight

- ☐ I have had NO changes to weight since my last appointment. ☐ Current weight is _____