



Nutritional Counseling/MFT Follow-up
Jenna Duvall, OTR/L
MFT Practitioner
Nutritional Counselor
626-327-6827

Patient Name: _____ Date: _____

Main Reason for your visit today: _____

Any significant changes since your last visit? (hospitalization, medication changes, lab work, etc)

Has there been any improvements? (increased exercise, dietary changes, increased energy, better digestion, improvement of previous symptoms, etc)

Systems Review: (Circle areas of concern)

Weight loss/gain

Pain location: _____

Skin issues

Constipation/Diarrhea

Lack of energy

Immune issues

Sleep Disturbances

Stress

Digestive issues

Headaches

Cardiovascular issues

Muscle/Joint/Bone issues

Other: _____

Any changes in your medications/supplementation? _____

Please list the areas you wish to address today: _____

I certify to the best of my knowledge, the above information is complete and accurate. If the health plan information is not accurate, or if I am not eligible to receive health care benefits through this provider, I understand that I am liable for all charges for services rendered, and I agree to notify this provider immediately whenever I have changes to my health condition or health plan coverage in the future.

Patient Signature _____ **Date** _____