



Dietitian Pre-Consultation Form

An integral part of your successful weight loss journey includes diet and mindset. To best serve you, please answer these questions and submit them through your **patient portal** or **email** to our clinic 24 hours prior to your dietitian appointment.

Name: _____ **Date of Birth:** _____

1. What do you want to achieve by working together?
2. Where do you want to see yourself 12 months from now?
3. If you were to achieve this, what impact would this have on your life?
4. Why do you want to achieve this now?
5. How ready are you to make eating behaviour changes? (please circle)

| | | | | | |
|----------|----------|----------|----------|----------|----------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| Not | | | | | Ready |
| Ready | | | | | |
6. What difficulties have you experienced in the past when trying to change your eating behaviours?
7. What is the biggest struggle you are experiencing now to reach your health goals?
8. How can your dietitian best support you?

Email to: admin@bodygenesis.com.au

BODY GENESIS
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WEIGHT LOSS AND GUT HEALTH SOLUTIONS