

EXERCISE / MOVEMENT - DAY 1

Please describe / list:

SLEEP DURATION AND QUALITY - DAY 1

Please describe / rate:

MOOD AND ENERGY LEVELS - DAY 1

Please describe how you felt today:

EXERCISE / MOVEMENT - DAY 3

Please describe / list:

SLEEP DURATION AND QUALITY - DAY 3

Please describe / rate:

MOOD AND ENERGY LEVELS - DAY 3

Please describe how you felt today:

DECLARATION

I declare that the above information is correct and indemnify your practice of liability for any false or misleading statements given. I understand that at times health information will be shared amongst consulting health workers to facilitate best practice healthcare. Further, I understand that I am able to access copies of my records as kept by this practice within 7 days of requesting the same.

Signature of client or guardian _____ Date _____

Thank you for completing the 3 Day Diet Diary. Please email to:

hello@racheldoherty.com.au (Ideally 24 hours prior to our consultation or alternatively bring on the day (however we will need to spend time completing during consultation).

The business end.....

- First consultation is approximately 60 minutes. If you have any pathology reports from the last 6-12 months please email 24 hours prior or bring with you.
- If you need to cancel your appointment, please do so 24 hours in advance and receive a confirmation of your cancellation. Notice of at least 24 hours will not incur a fee.

Rachel Doherty
NUTRITIONIST 