



MEDICAL REFERRAL FORM
EDEN NUTRITION PROGRAMME

If you have “checked” one or more boxes:

Talk to your doctor or GP by phone or in person before you start a new nutritional programme. Tell your doctor about this questionnaire and which health conditions you have checked. You may be able to commence a new nutritional programme – as long as you do it with your doctor’s opinion. Talk with your doctor or GP about the kind of nutritional programme you wish to embark on and follow his/her advice.

Please note: If your health changes so that subsequently you answer “yes” to any of the above health conditions, inform your health professional or Nutritional Advisor immediately. Talk with your doctor or GP about the kind of nutritional programme that you are on, and follow his/her advice.

- I have read, understood and completed the Client Health Check Questionnaire**
- All questions have been answered to the best of my knowledge**
- I am happy to participate in a Nutritional Programme**

Name: _____

Date: __ / __ / __

Signature: _____

Address: _____

Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____