CHECK LIST

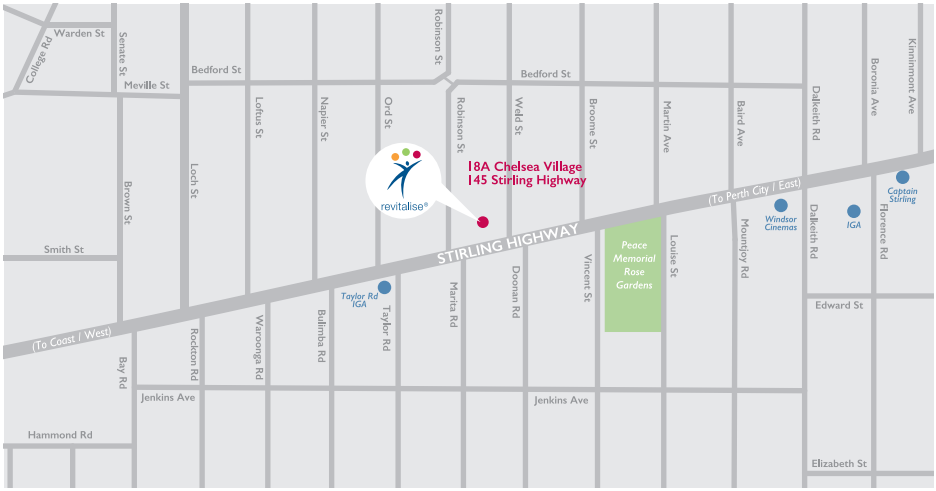
- ◯ Food diary
- ◯ List of medication *(name, dose per day)*
- ◯ List of supplements *(name, dose per day)*
- ◯ Supermarket receipts
- ◯ Pictures of meal *(optional)*
- ◯ Dr's referral *(if applicable)*
- ◯ Specialist letter *(if applicable)*
- ◯ Blood results

Contact details: _____

DIETITIAN: **Jo Beer**

DIRECT LINE: **0403 938 747**

WHERE: **18A Chelsea Village, 145 Stirling Highway Nedlands WA 6009**



DATE OF APPOINTMENT: _____

TIME: _____

PAYMENT:
- ◯ Visa
- ◯ MasterCard
- ◯ Cash

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