



The Low Carb Healthy Fat Dietitian

Ask the Nutritionist Pre-Paid Visit

Information about **RECIPIENT**

| | | | |
|----------------------------------------------|-------------------------------|---------------------------------|--|
| First Name & Middle Initial (of recipient) | | | |
| Last Name / Surname (of recipient) | | | |
| Date of Birth (DD / MM / YYYY) if known: | | Current Age (in years): | |
| Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Street Address (number, street name, apt #): | | | |
| Mailing Address (if different than above): | | | |
| City: | | Province/State: | |
| Country: | | Postal Code/Zip: | |
| Phone number(s) with area code: | | | |
| Email address: | | | |
| Relationship to recipient to gift purchaser: | | | |

Email completed form to: info@lchf-rd.com

APPOINTMENT TIMES

Appointment times will be based on Vancouver, British Columbia (UTC-7 hours) time. Please refer to www.timeanddate.com/worldclock/converted.html when booking appointments.

LOCATION OF SERVICES

All Distance Consultation services will be deemed to have taken place in Coquitlam, British Columbia, Canada office.

APPOINTMENT CANCELLATION, RESCHEDULING and 'NO-SHOWS'

Appointments can be rescheduled with more than 24 hours' written notice. Cancellation or rescheduling of an appointment with less than 24 hours' written notice or failure to keep an appointment ('no-show') will be considered as a completed visit.

Date:
(required)