



### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Disclaimer:** All information regarding diet and exercise provided by The NutriFit Coach should be taken as 'advice' and suggestion towards upholding and maintaining a healthy diet and lifestyle. The information provided is not intended to replace that of a medical practitioner with regards to diagnosis and/or the treatment of medical conditions.

### Cancellation Policy

**Please notify us 48-hours in advance should you need to cancel or re-schedule appointments. Missed appointment fees will be charged at 100% of the consultation fee.**

**I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY UNPAID BALANCES.**

**My signature below is proof that I have read and understand the above financial policy for The NutriFit Coach.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_