

# Medical Assessment Form

Sian Shepherd Bsc (Hons) Nutrition, Registered Dietitian  
website: [www.begoodtoyourgut.co.uk](http://www.begoodtoyourgut.co.uk)

Please complete the enclosed forms prior to your appointment and kindly return to [sian.shepherd@prograze.co.uk](mailto:sian.shepherd@prograze.co.uk) at least 24 hours before the consultation.

Name, telephone/mobile & email address:

.....

GP: .....

Where? Remote consultation, a Zoom invitation will be sent to you 24-48 hour beforehand.

Date/time: This may also be confirmed by telephone/letter by the bookings team

Current symptoms and reason for dietary consultation:

---

---

---

**Referred by:** .....

Medication or Vitamins/ Nutritional supplements taken:

---

---

Summary of medical history (please continue on separate sheet as necessary):

---

---

---

---

---

**Consultation rates:**

***Please confirm with your insurer the consultation has been approved and provide the membership number/authorisation or claim number. Self-pay patients are requested to make payment, 24 hours in advance of their consultation.***

***£125 (1<sup>st</sup> consultation, up to one hour) and £115 (follow-up consultation, up to ½ an hour)***

