

Cardinal Health *Fitness Center*

Operated by  **HealthFitness.**
A Trustmark Company

Nutrition Counseling Request

Date: _____

Name: _____

Phone: _____

Email: _____

Nutrition Package/Service

Requested: _____

What do you want to achieve with nutrition counseling? *(Check as many that apply or write-in additional info)*

- Weight Loss
- Muscle Gain
- Increase Athletic Performance
- Condition Management
 - High Blood Pressure
 - Intestinal
 - Diabetes
 - Cholesterol
- Other _____