Date: [Insert Date]

To: [Client Name]
Address: [Client Address]
Phone: [Client Phone Number]

Subject: Welcome to [Clinic Name] - Nutrition Consultation Intake

Dear [Client Name],

Thank you for choosing [Clinic Name] for your nutritional health and wellness journey. We are committed to providing you with a comprehensive, science-based approach to reaching your dietary goals.

To ensure we provide the most personalized care, please complete and return the attached intake forms at least 48 hours before your scheduled appointment on **[Appointment Date]** at **[Appointment Time]**.

Required Documentation:

- Completed Health History Questionnaire
- 3-Day Food and Fluid Diary
- List of current medications and supplements
- Recent blood work or lab results (if available)

What to Expect During Your First Visit:

Your initial consultation will last approximately [60/90] minutes. During this time, your nutritionist will:

- Review your medical history and current lifestyle.
- Discuss your short-term and long-term health goals.
- Perform a body composition analysis (if applicable).
- Establish the foundation for your customized nutrition plan.

Cancellation Policy: Please provide at least 24 hours' notice if you need to reschedule or cancel your appointment to avoid a cancellation fee.

We look forward to working with you.

Sincerely,

[Practitioner Name]
[Title/Credentials]
[Clinic Name]
[Phone Number]
[Email Address]