

# Nutrition Visits Verification at the Natural Care Center



This is to verify the following nutrition student has been seen in the Natural Care Center on campus for three nutrition consultations on the below referenced dates.

Student/Client: \_\_\_\_\_ Student ID # \_\_\_\_\_  
Print

Date of 1<sup>st</sup> Nutrition Consultation: \_\_\_\_\_

Clinical Intern: \_\_\_\_\_  
Print Signature

Clinical Supervisor: \_\_\_\_\_  
Print Signature

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Date of 2<sup>nd</sup> Nutrition Consultation: \_\_\_\_\_

Clinical Intern: \_\_\_\_\_  
Print Signature

Clinical Supervisor: \_\_\_\_\_  
Print Signature

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Date of 3<sup>rd</sup> Nutrition Consultation: \_\_\_\_\_

Clinical Intern: \_\_\_\_\_  
Print Signature

Clinical Supervisor: \_\_\_\_\_  
Print Signature

Please return completed form via email to [nutrition@muih.edu](mailto:nutrition@muih.edu).