

# Nutrition Visits Verification



This is to verify the following nutrition student has been seen by a private Nutritionist for the nutrition consultations on the below referenced dates.

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

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## Practitioner information:

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Practitioner: \_\_\_\_\_  
Signature

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Date of 2nd Nutrition Consultation: \_\_\_\_\_

Practitioner: \_\_\_\_\_  
Signature

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Date of 3rd Nutrition Consultation: \_\_\_\_\_

Practitioner: \_\_\_\_\_  
Signature

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