



www.tateishinutrition.com Toll Free: 1.877.600.4849 Fax: 604.277.0500 Richmond, B.C.

Dear Client:

Please complete the attached questionnaire. This provides very valuable information to appropriately assess and counsel you regarding your child's specific dietary requirements. The 3-day food diary will be used to complete a computerized dietary analysis.

It is recommended that you inform your child's Physician's office of this appointment, and request any pertinent lab work or medical history to be forwarded to my office.

Once the forms have been completed, please fax to 604.277.0500 or scan the completed forms and e-mail to [forms@tateishinutrition.com](mailto:forms@tateishinutrition.com)

The completed questionnaire, including the food diary, should be received by this office at least one week prior to your child's scheduled appointment.

I look forward to consulting with you for your child's special dietary needs.

Sharon J. Tateishi, B.Sc., R.D.  
Clinical/Consulting Dietitian