

Consultation Session

Client Name _____ SS# _____ Date _____

Location _____ Time _____

Purpose of Client Visit

Summary of Client Interview

Client Measurements

(if appropriate)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Evaluation of Measurements

AFP Recommendations (might include referrals, exercise of lifestyle recommendations)

Miscellaneous Summary Comments

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