**NUTRITIONAL CONSULTATION FORM**

**Names: weight: Marital Status:**

**Age: height: Profession:**

**Sex: BMI: District:**

**Contact: w. cir: Sector:**

**Z Score for children and MUAC:**

**Blood Group:**

**Diagnosis:**

**Associated Diseases:**

**Food to eat / ibyo nemerewe kurya**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Food to reduce its consumption/ ibyo kugabanya:**

**………………………………………………………………………………………………………………**

**Food to avoid/ ibyo kwirinda**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**Bad nutrional attitude/ imyitwarire mibi yo kwirinda**

**………………………………………………………………………………………………………………Medication:**

**……………………………………………………………………………………………………………….**

**Signature du Nutritionist Dieteticienne:**