



**REQUEST FORM - DIETICIAN**

Please complete this form if you are a Scholarship/TAP athlete who requests to see a Dietician.

Name:																
SID:																
Sport:																
Coach:																
Grade:																
Phone:																
Email:																
Reason you would like to see the dietician:																
Have you seen the dietician before?																
Preferred appointment time (please circle):	<table border="0"> <tr> <td><b>Mon</b></td> <td><b>Tues</b></td> <td><b>Wed</b></td> <td><b>Thurs</b></td> <td><b>Fri</b></td> </tr> <tr> <td>am</td> <td>am</td> <td>am</td> <td>am</td> <td>am</td> </tr> <tr> <td>pm</td> <td>pm</td> <td>pm</td> <td>pm</td> <td>pm</td> </tr> </table>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	am	am	am	am	am	pm	pm	pm	pm	pm
<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>												
am	am	am	am	am												
pm	pm	pm	pm	pm												

**OFFICE USE ONLY:**

Signed \_\_\_\_\_

Date Requested \_\_\_\_\_

Appointment day/ time: \_\_\_\_\_