

Nutritional Counseling Session Summary

Date: [Date]

Client Name: [Client Name]

Registered Dietitian: [Dietitian Name]

Session Overview

The following summary outlines the key points discussed during the counseling session held on [Date].

Goals Discussed:

- [Goal 1]
- [Goal 2]
- [Goal 3]

Recommendations:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Action Items:

To be completed before the next session:

- [Action Item 1]
- [Action Item 2]

Next Steps:

The next session is scheduled for [Next Session Date].