

# CONSULTATION FORM

GENERAL INSTRUCTIONS: For everyone requesting an appointment

- A. Download form, complete, and email or FAX (301-490-2376)
- B. Phone or email for scheduled appointment date/time.

1. NAME
2. GENDER
3. WEIGHT
4. HEIGHT
5. BIRTHDATE
6. HOME ADDRESS: Street, Town, State, Zip
  
7. CONTACT PHONE #s
  - a. Home
  - b. Cell
  - c. Work
  - d. FAX
8. OCCUPATION
9. CURRENT HEALTH ISSUES LIST
  
10. MEDICAL CONDITIONS LIST (High blood pressure, elevated cholesterol, infections, chronic pain, diabetes, etc.)
  
11. ALLERGIES LIST (Drug, Foods, air borne, etc)
  
12. PRESCRIPTION DRUG LIST (Drug name, strength, dosing frequency)
  
13. SUPPLEMENTS LIST (Vitamins, Minerals, Herbals; strength & dosing frequency)

## **SPORTS NUTRITION CONSULTS** - Complete Additional Questions:

1. Define your Game -
2. Specify your sport's goals: Short term vs long term
3. List specialist you may be working with:
  - a. Physicians
  - b. Trainers
  - c. Therapists
4. Protein sources-
5. Carbohydrate sources-
6. Fat/Oil sources -
7. Daily Calorie Goal
8. Food Avoidances or dislikes
9. Food cravings
10. Fluid Intake, Daily average
11. Submit Copy of your workout schedule
12. Submit Copy of your events schedule
13. Submit List of medications & supplements

**Lynn Shumake, PD**

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**Certified Sports Nutrition Pharmacist**  
**"Optimize Your Game"**

*Nutritional consultations - Performance advice  
Amateur and Professional athletes  
Optimize Strength, Endurance, and Recovery*

**Blue Mountain Apothecary**

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