



Please write or print clearly. All of your information will remain confidential between you and our nutrition team

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Email: _____ How often do you check email? _____

Phone: Home: _____ Work: _____ Mobile: _____

Age: _____ Height: _____ Birthdate: _____ Place of Birth: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

Would you like your weight to be different? _____ If so, what? _____

SOCIAL INFORMATION

Relationship status: _____

Where do you currently live? _____

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

What do you do for fun or relaxation? _____

HEALTH INFORMATION

Please list your main nutrition concerns: _____

Other concerns and/or goals? _____

At what point in your life did you feel best? _____

Any serious illnesses/hospitalization/injuries? _____

HEALTH INFORMATION (continued)

How is/was the health of your mother? _____

How is/was the health of your father? _____

How is your sleep? _____ How many hours? _____ Do you wake up at night? _____

Why? _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Food allergies or sensitivities? Please explain: _____

MEDICAL INFORMATION

Do you take any supplements or medications? Please list their brand names: _____

Any healers, helpers, or therapies with which you are involved? Please list: _____

What role does sports and exercise play in your life? _____

Have you even seen a nutritionist? _____

Lunch

Dinner

Snacks

Liquids

What is your diet like these days?

Breakfast

t

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

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?

Do you cook? _____

What percentage of your food is home-cooked? _____

Where do you get the rest from? _____

FOOD INFORMATION

Do you crave sugar, coffee, cigarettes, or soda? _____

Do you drink alcohol? _____ If yes, how many drinks per week? _____

Do you smoke cigarettes? _____ If yes, how many cigarettes per week? _____

What is your favorite "junk food?" _____

Anything else you would like to share? _____

ADDITIONAL COMMENTS

