Nutrition Assessment/Consultation Form

Name: ______________________________________________________

Address: ____________________________________________________

Telephone number: ___________________________________________

Date of birth: ________________________________________________

Primary care physician’s name/phone number: ___________________________

When was the last time you visited with your physician?  ___________________

How would you rate your overall health?   Excellent  Fair     Poor

Have you ever been diagnosed with any of the following (circle those that apply):

- Diabetes
- High Blood Pressure
- High Cholesterol
- Sleep apnea
- Obesity
- Anorexia Nervosa
- Bulimia Nervosa
- Polycystic Ovarian Syndrome

Other diagnoses: ______________________________________________________

Have you seen a registered dietitian in the past?  If yes, when and why?
____________________________________________________________________

On a scale of 1 – 5, how ready are you to make lifestyle changes?  (1 – not very; 5 very ready)

What are one or two things about your eating habits that you’d like to change?
____________________________________________________________________

What motivates you the MOST to make lifestyle changes?
____________________________________________________________________

Eating Behaviors:
Do you skip meals? ________________________________________________

How often do you dine out? ____________________________________________

What type of restaurants do you frequent? ________________________________

Who does the cooking and shopping? ________________________________

Daily Food Choices:
Breakfast: ______________________________________________________________________________
Lunch: _________________________________________________________________
Dinner: ____________________________________________________________________
Snacks: __________________________________________________________________

What medications and/or supplements do you currently take?
________________________________________________________________________
________________________________________________________________________

List the types of activities that you do regularly:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did you hear about my services? ________________________________________

Thank you!