NUTRITIONAL ASSESSMENT

Please answer the following questions so I may provide you with a customized wellness plan. The information will be kept confidential. Please return this form at least 48 hours prior to your scheduled appointment.

Thank you, Pam Voelkers—Registered Dietitian

Name:____ **Circle one: Male Female**

Date of Birth (month/day/year)_________________________ **Age:**__________________

Address: ____

Email Address:____

Phone: Home:____________________ **Cell:**____________________ **Work:**________________

Which phone number and time best to call:____

What days and times are you available to meet?____

Occupation:_________________________ **Work hours:**________ **Hours work/week:**________

Relationship status:____

Children's ages, & do they live with you?____

Present/Past Medical Conditions:

Height:______ **Current Weight:**_______ **Weight 6 months ago**_______ **1 year ago**______

Would you like your weight to be different?_______ **If yes, what weight?**_________

__Heart Disease __High Blood Pressure __High Cholesterol __High Triglycerides

__Pre-Diabetes __Diabetes __Hypoglycemia

__Cancer history: Type:___________________ **__Current? __Current radiation/chemo?**

__Liver Disease __Kidney Disease __Dialysis __Celiac/Gluten Sensitivity

__Gastrointestinal Problems:____________________________ **__Diverticulitis**

__Food Allergy/Intolerance____

List your main health concerns & what you are hoping to achieve through nutritional counseling?____

____

____

____

____

Do you follow a special diet? (ie. low carb, low fat, sodium restricted, vegetarian, ethnic/cultural)____

List medications/vitamin/mineral/herbal supplements with amounts taken daily:

____
____
____

List Diets and/or Weight-Loss Plans you have followed in the past:

____
____
____

Which worked best?_____________________________ Why?_________________________________

What factors have prevented you from achieving your wellness goals?

__type of foods eaten __depression __job __lack of time __boredom

__portions __fats/fried food __meat __unplanned snacks/meals __stress

__alcohol __sugar/sweets __no support __lack of exercise __fast food

__conflicts __snacks __anxiety __soft drinks __inconsistent meal times

__habits __insufficient sleep __lack of knowledge __socializing __tobacco

__recently quit smoking __screen time (TV, computer, gaming) __convenience

__disordered eating (anorexia, bulimia): If yes, have you worked with a professional counselor?____

__Other:____

Who is responsible for meal planning/preparation?____

Who is responsible for grocery shopping?____

How many times do you eat out per week?_____ List typical restaurants:_____________________

____

Do you cook?_____ What % of food home cooked?_______ % of Convenience foods________

Please rank the following in order of importance: (1-4, 1 being most important)

Convenience_______ Taste________ Price_______ Nutritional Quality________

Does anyone in your household bring lunch or snacks to work/school?________________________

If yes, for whom & who prepares them?____

How many meals a day do you eat?____; Skip?___ Which ones?____________________________

What is your eating pace? ___**fast** ___**slow** ___**moderate**

Where do you eat your meals (M) & Snacks (S)? (For example: M kitchen, S car)

_____**kitchen** _____**kitchen table** _____**dining room** _____**TV/Family room** _____**bedroom**
_____**car** _____**desk/office** _____**work cafeteria**

List foods in which you overindulge (problem foods):____

____

List favorite foods____

List foods you strongly dislike____

What beverages do you drink & amounts____

____

Describe a typical day's eating. Be honest and specific. (Indicate if skip meal.)

Example: Breakfast (7-8 am) 8 oz orange juice with calcium, 1 egg scrambled in 1 tsp real butter, 2 slices Natural Oven's whole grain toast w/2 tsp Smart Balance margarine + 1 Tbsp Simply Fruit spread, 1 c coffee + 1 Tbsp real cream + 1 pkt Splenda
BREAKFAST (Time: _______)
LUNCH (Time: _______)
SUPPER (Time: _______)
SNACKS (Times: _________ __________ _________ __________)