#### **Nutrition Consultation Intake Form**

Take several nutritional supplements each day Keep a record of everything you eat each day Modify your lifestyle (e.g., work demands, sleep

Engage in regular exercise/physical activity Have periodic lab tests to assess your progress

habits, exercise)

Practice a relaxation technique

General Inforr	nation	Date:
Name:		
Age:		
Height:	Weight:	
Concerning ye	our state of health, what is you	r major goal or objective?
Do woulding a veg	accompand Haaldh Chabres suchad	and the way was in a way of a sure own for way of
1. 2. 3.	ur current <u>Health Status,</u> what	are three major areas of concern for you?
<b>3.</b>		
Regarding you	ur <u>Nutrition,</u> what are three ma	jor areas of concern for you?
1.		
2. 3.		
3.		
Readiness Assess	<u>ment</u>	
Rate on a scale of	5 (very willing) to 1 (not willing)	
-	e your health, how willing are you to	):
Significantly modi	fy your diet	

How much on-going support and contact (e.g., telephone, e-mail) from the nutrition coach would be helpful to you as you implement your personal health program?

#### **Allergy Information**

Please list food allergies:

Please list non-food allergies:

What type of allergic symptoms do you experience?

Notes:

#### **Medical History:**

Please indicate below any health conditions that your doctor has diagnosed (provide the date of onset.

#### Gastrointestinal

Irritable Bowel Syndrome
Inflammatory Bowel Disease
Crohn's Disease
Ulcerative Colitis
Gastric or Peptic Ulcer Disease
GERD (reflux/heartburn)
Celiac Disease
Hepatitis C or Liver Disease
Other Digestive

#### Cardiovascular

#### Inflammatory/Autoimmune

Chronic Fatigue Syndrome
Rheumatoid Arthritis
Lupus SLE
Poor Immune Function (frequent infections Disease
Herpes-Genital
Multiple Chemical Sensitivities
Gout

#### Metabolic/Endocrine

Heart Disease (heart attack)

Stroke

**Elevated Cholesterol** 

Irregular heart rate - Pacemaker

**High Blood Pressure** 

Mitral Valve Prolapse/heart murmur

Other Heart & Vascular : Palpitations

#### Respiratory

**Asthma** 

**Chronic Sinusitis** 

Pneumonia

Sleep apnea

**Bronchitis** 

**Tuberculosis** 

Emphysema

Other

#### Cancer

Any type of cancer

Diabetes type 1 or 2 ( please indicate)

Metabolic syndrome (insulin resistance

Hypoglycemia

Hypothyroidism (low thyroid)

Hyperthyroidism (underactive thyroid)

Poly Cystic Ovarian Syndrome (PCOS

Genetic disorder

Other

#### Neurological/Mood

Depression

Anxiety

Autism

Seizures

Bipolar Disorder

ADD/ADHD

Multiple Sclerosis

#### Other

Kidney stones

Acne

**Psoriasis** 

**Urinary Tract Infections** 

Frequent Yeast

Eczema

Notes:

Please provide a list of medications and supplements that you take on a daily or regular basis

Medication/supplement Amount if known Reason

Surg	eries	/Hospita	<u>lizations</u>

Please list any surgeries or hospitalizations (include dates and your ages if known).

#### **Family History**

Please note any family history of the following diseases: heart disease, cancer, stroke, high blood pressure, overweight, lung disease, kidney disease, diabetes, cancer, mental illness or addiction.

Notes:.

Do you engage in moderate **cardiovascular** physical activity at least 3 days a week, for a minimum of 20 minutes duration?

(brisk walking, jogging, hiking, cardio exercise classes, cycling, stair-climbing, etc.)

Notes:

#### **Total Activity Level:**

Activity Type/Intensity # Days/Week Duration (low-moderate-high) (minutes)

Stretching/Yoga Cardio/Aerobics Strength Training Sports or Leisure

Have you ever had a nutrition consultation?

Have you made any changes in your eating habits because of your health?

Do you currently follow a special diet or nutritional program?

Low fat, No Gluten, No Dairy, Low Carb, Vegetarian, No Wheat, High protein, Vegan, Low Calorie, Low sodium, Diabetic, Other.

Any recent history of weight gain or weight loss? *Please explain* 

How many meals per day do you eat? How many snacks?

Do you avoid any particular foods? If yes, describe.

How many meals do you eat out per week?

#### **Occupational Activity:**

What is your occupation and activity level at work as a percent?

Sedentary- seated and not moving Standing/Walking-including light duty tasks Lifting or performing physical labor Intense activity(Running, throwing, yelling)

Report or highlight all the factors that apply to your current lifestyle and eating habits:

I changed the font to blue for current lifestyle and eating habits

Fast eater

Erratic eating patterns

Eating too much or too little

Late night eating

Dislike healthy food

Time constraints

Travel frequently

Do not plan meals or menus

Rely on convenience items

Do you regularly eat...

Breakfast?

Lunch?

Dinner?

Snacks?

Family member have different tastes

Love to Eat

Eat because I have to

Have a negative relationship to food

Struggle with eating issues

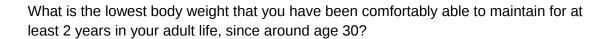
Emotional eater (stress, bored, etc.)

Confused about food/nutrition

Frequently eat fast foods

Poor snack choices

Do you drink alcohol? If yes, how many drinks per week?
Do you drink coffee or other caffeinated beverages? If yes, # daily?
Do you use artificial sweeteners? If yes, which ones?
What does a typical day look like in terms of meals on a weekday, from the time you wake up to the time you go to sleep?
What does a typical day look like in terms of meals on weekend, from the time you wake up to the time you go to sleep?
What are the top three dietary changes do you think would make the most difference in your overall health?
1. 2.
3.  The higgest Challenge(s) to reaching my putrition goals is/are?
The biggest Challenge(s) to reaching my nutrition goals is/are?
In the past, I have tried the following techniques, diets, behaviors, etc. to reach my
nutrition goals:
What makes you feel better?



How committed are you to making dietary changes in order to improve your health? 1-5 1(not committed) 5 (nothing will stop me) 5

Do you have any other thoughts, questions, or concerns?

What makes you feel worse?

Please note, we also require a 3-day food log through a software program to better evaluate what you are eating and look at your micronutrients. You should have received the details for that but just contact me if needed at <a href="mailto:gharrison@source-e.net">gharrison@source-e.net</a>.