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## Nutrition Consult Intake Form

### General Information:

Name: \_\_\_\_\_ Current Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone home: \_\_\_\_\_ Cell: \_\_\_\_\_

Main reason for Appointment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment Status:  Full time  Part-time  Not Employed  
Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
Children:  Yes  No Other people you may eat with regularly: \_\_\_\_\_

### Medical and Diet History:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Desired weight: \_\_\_\_\_  
Lowest weight as an adult: \_\_\_\_\_ Highest weight: \_\_\_\_\_  
Past or current health concerns please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
Current vitamin, mineral, food or herbal supplements: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been advised by a health professional to follow a special diet?  Yes  No  
What type of diet? \_\_\_\_\_  
Are you current following this diet or any other diet? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Previous diets or attempts at losing or gaining weight: \_\_\_\_\_  
\_\_\_\_\_

Do you drink alcohol?  Yes  No Number of drinks per week: \_\_\_\_\_  
Do you smoke cigarettes?  Yes  No Amount per day? \_\_\_\_\_  
Have you ever been diagnosed with an eating disorder?  Yes  No  
Any foods you feel you can't do without? \_\_\_\_\_

How often do you eat out or eat prepackaged meals per week? \_\_\_\_\_  
Type of restaurants you typically choose: \_\_\_\_\_  
Type of food you prefer: \_\_\_\_\_  
Do you cook for yourself or other family members?  Yes  No

### Exercise History:

Do you exercise?  Yes  No  
List type, duration, frequency and duration of exercise: \_\_\_\_\_  
\_\_\_\_\_

Other important information regarding exercise history you would like to share? \_\_\_\_\_

**Goals/Expectations:**

Do you want to change your eating habits? \_\_\_Yes \_\_\_No

Why? \_\_\_\_\_

Do you have any specific expectations from coming to see the nutritionist? \_\_\_\_\_

**Sample Diet and Exercise Log:**

Please fill out for at least 3 days and include general amounts, try to be as accurate/honest as possible for the nutritionist to obtain a solid overview of your current diet. For the exercise please list type, duration and intensity.

**Day 1**

Time of Day	Foods Eaten	Fluids	Supplements	Exercise	Comments



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**Day 2**

Time of Day	Foods Eaten	Fluids	Supplements	Exercise	Comments

**Day 3**

Time of Day	Foods Eaten	Fluids	Supplements	Exercise	Comments

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