

## Nutrition & Health History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

### Weight History:

- Current Body Weight \_\_\_\_\_ Usual Body Weight \_\_\_\_\_
- Changes last 6 months \_\_\_\_\_
- Highest Body Weight \_\_\_\_\_ When? \_\_\_\_\_
- Lowest Body Weight \_\_\_\_\_ When? \_\_\_\_\_
- What methods have you used to manage your weight? \_\_\_\_\_  
When? \_\_\_\_\_

### Medical History

Current illnesses or medical conditions: \_\_\_\_\_

How long? \_\_\_\_\_ Treatment: \_\_\_\_\_

Family history of nutritional or metabolic disorders, such as diabetes:

Current medications, vitamins, minerals, herbal, or other supplements:

### Physical Activity History

Activities that you enjoy: \_\_\_\_\_

Frequency/Schedule of physical activity: \_\_\_\_\_

### Nutrition History

Food Allergies: \_\_\_\_\_

Cultural and/ or religious customs effecting food intake (include fasting): \_\_\_\_\_

How would you describe your appetite? \_\_\_\_\_

Who prepares food in your home? \_\_\_\_\_

Times a week meals eaten away from home?

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Meals and snacks eaten each day? Meals \_\_\_\_\_ Snacks \_\_\_\_\_

Average servings per day:

Fresh fruit \_\_\_\_\_ Juice (8 oz cup) \_\_\_\_\_ Vegetables \_\_\_\_\_

Water \_\_\_\_\_ Juice \_\_\_\_\_ Soda \_\_\_\_\_ Diet Soda \_\_\_\_\_

Sports drinks \_\_\_\_\_ Iced tea \_\_\_\_\_ Iced tea with sugar \_\_\_\_\_

Milk: Whole milk \_\_\_\_\_ 2% milk \_\_\_\_\_ 1% milk \_\_\_\_\_ Skim milk \_\_\_\_\_

Average servings per week:

Alcohol: Beer \_\_\_\_\_ Wine \_\_\_\_\_ Hard liquor \_\_\_\_\_

What are your concerns/goals related to your nutrition and wellness?