

Nutrition History

Please fill out this information and bring to your dietitian visit.

Please check your past medical history and nutrition related concerns:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Fatigue/Low Energy | <input type="checkbox"/> High Cholesterol/Lipids | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Menopause | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Polycystic Ovarian Syndrome | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Other _____ | | |

Please list any Medications (Prescription and Over the Counter)/Vitamins/Minerals/Supplements:

Please answer the follow questions based on an average day consumption:

How many servings of fruits? (1 serving = 1 medium fruit, 1/2 cup canned fruit or juice) _____ servings

How many servings of vegetables? (1 serving = 1/2 cup cooked or 1 cup raw) _____ servings

How many servings of milk? (1 serving = 1 cup milk, 6 oz yogurt, 1 oz cheese) _____ servings

How many servings of starch? (1 serving = 1/2 cup potatoes/legumes/cooked cereal, 1/3 cup rice/pasta, 1 small slice bread, 3/4 cup unsweetened cold cereal) _____ servings

How many 8 oz cups of coffee? _____ cups

How many 8 oz cups of tea? _____ cups

How many 8 oz servings of soda? _____ servings

Please answer the follow questions based on an average week consumption:

How many servings of fish? (1 serving = 3 oz = size of checkbook cover) _____ servings

How many servings of red meat (beef/pork)? (1 serving = 3 oz = size of deck of cards) _____ servings

How many meals are consumed from fast-food or dine-in restaurants? _____ times per week

If you consume alcohol what type and the quantity?

- Daily 1-2 days/week 3-5 days/week 6-7 days/week

Quantity: _____ Type: _____

If you use tobacco products in what quantity?

- > 1 pack per day (ppd) 1 ppd 1/2 ppd < 1/2 ppd None

How many days per week to you participate in physical activity of at least 30 minutes?

Times per week: _____ Type: _____

How many hours of sleep get each night? _____

Any thing else you deem pertinent for the dietitian to know:

