

Embracing Intuition

Nutrition Intake Form

Take some time to thoughtfully complete the following intake form. The information you provide here will help me tailor an individualized nutrition program for you - the more detail you provide, the quicker we can get started!

Personal Information

First name

Last name

Street

Unit

City

State/Province

Postal code

Home phone

Mobile phone

Email address

Date of birth

Gender

Occupation

Hours per week

What is your preferred method of communication?

Phone

Email

Text

Family Doctor Information

Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work phone	Mobile phone	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		
<input type="text"/>		
Title/Occupation		
<input type="text"/>		

Health History

Please list your current medical conditions:
(High blood pressure, diabetes, IBS, high cholesterol, anxiety, depression, renal disease, etc.)

Past Medical Conditions:

Family History of medical conditions:
(ie. family history of diabetes, heart disease, etc.)

For women, do you menstruate regularly? If no, please explain.
(regular menstruation is defined as having periods every 21 to 40 days on average)

Do you have regular bowel movements? If no, please explain.
(regular bowel movements mean having a well formed and easy to pass bowel movement anywhere from 3x per day to once every 2 days)

Do you have any gastrointestinal symptoms?

Including bloating, cramping, diarrhea, pain with bowel movements, constipation, nausea... If yes, please describe.

Please list any medications that you take.

Please list any natural health products, vitamins, supplements, etc.

Include dose, and reason for taking. Include both prescription and over the counter.

If you can remember the last time that you had bloodwork, were there any abnormalities?

Lifestyle

What do you do for recreational activities?

Please describe your physical activity, amount and frequency.

How would you rate your energy levels on a scale of 1-10?

1 is no energy and always fatigued, 10 is tons of energy and never feel the need to nap.

How would you describe your energy levels?

(ex: I wake up energized but hit a slump around 3pm)

How many hours of sleep do you get per night on average, and how would you rate the quality?

How would you describe/rate your stress levels? Please explain.

Intake

Nutrition related.

How much water do you drink per day? (approx # of cups or liters)

What other beverages do you drink?

Coffee, tea, smoothies, gatorade, juice...

Do you drink alcohol? If yes, please explain amount and frequency.

What are your favorite foods/meals?

Do you have any food allergies or intolerances? If yes, please describe.

What does a typical day of eating look like for you?

Please list as much detail as you can, including time of day, amount, and include beverages!

- Breakfast
- Lunch
- Dinner
- Snacks
- Fluids

Food Behaviors: Select the option that makes the most sense for you

	Always	Sometimes	Once in a While	Never
How often do you think about food?				
How often do you think about your weight?				
How often do you overeat?				
How often do you feel that you are restricting food?				
How often are you "dieting"?				

Please tell me about your eating behaviors.

Include details of pace of eating, any activities performed while eating. Ex. I sometimes have dinner on the couch while watching netflix.

Environmental influences of food choices and eating.

Please answer the following questions with some detail.

- Who purchases the food?
- Who cooks the food?
- Where do you eat?
- Do you have a food budget?
- How much time do you have to eat?
- What are your cooking facilities like?
- Do you have a variety of grocery stores nearby?
- How often each week do you eat out?

When you do eat out or order in, what kind of food do you order?

Please detail any current and previous dietary restrictions.

Tell me about why you made this restriction (rationale) and what the result was for you (outcome)

		Rationale	Outcome
Restriction:			
Restriction:			
Restriction:			

Have you worked with a Dietitian or Nutritionist in the past?

Yes

No

What kind of nutrition related work have you done previously, and what has worked/has not?

(ie. diets that you've done, cleanses tried, etc.)

Please tell me about your nutrition knowledge.

Include what you know about general nutrition, where you got this information, and how it has impacted your nutrition choices.

How do you define health?

(Level of fitness, energy, activities you can do, amount of work you can get done, lab work...)

Goals

What are your biggest challenges when it comes to food/your health?

What are your biggest strengths when it comes to food/your health?

Where do you want to be 6 months from now when it comes to your health?

List 3 nutrition/health related goals that are a priority to you.

How motivated are you to make lifestyle changes to reach your goals?

Rate from 1-10, 1 being not very likely, and 10 being whatever it takes!

What would you like to achieve from working together?

Any other interesting facts you would like me to know or feel that there is anything left unsaid?