

Initial Nutrition Questionnaire

Name: _____ Home phone: _____

Date: _____ Work phone: _____

Date of birth: _____ Referred by: _____

Age: _____ Gender: M F

Height: _____ Weight: _____ Desired body weight: _____

What would you like to accomplish in your consultation with the dietitian?

1. _____
2. _____
3. _____

Have you had any previous nutrition counseling? Yes No When? _____

Reason? _____

MEDICAL HISTORY (check all that apply)

	Yourself	Immediate Family
Overweight	_____	_____
Diabetes	_____	_____
Hypoglycemia	_____	_____
High Blood Pressure	_____	_____
High Cholesterol	_____	_____
Cancer	_____	_____
Kidney disease	_____	_____
Orthopedic problems (knees, joints)	_____	_____
Other (please specify) _____		

Medications (Prescriptions, vitamins, minerals, herbs or any other dietary supplement):

SOCIAL HISTORY

Occupation _____

Marital Status: Single Married Separated Divorced Widowed

Smoking: Never Previously, but quit Yes - Current packs per day _____

Alcohol Use: _____

Exercise: No Yes Type _____ How often? _____

NUTRITION

Who does the grocery shopping? _____

Who does the cooking? _____

Any food allergies or intolerances? _____

Have you ever followed a special diet? _____

Are there any eating behaviors or food choices you want to change? _____

Are there any barriers that would keep you from making these changes? _____

If you are being seen for diabetes, please fill out below.

Type of Diabetes: Type 1 Type 2 Gestational Don't know

How long ago were you diagnosed with diabetes? _____

Diabetes Medication:

Name	Dose	Times Taken

Do you check your blood sugars: Yes No How often? _____

Do you experience low blood sugar levels (hypoglycemia)? _____

Do you check your feet? Yes No

Have you ever noticed any of the following symptoms in your feet?

Numbness Pain Discoloration Tingling Burning Sores

Typical Food Intake

Please write what types of foods and the amounts you would typically eat during the day in the space provided.

Breakfast: <i>time</i> _____	Lunch: <i>time</i> _____	Dinner: <i>time</i> _____
Snacks: <i>(including times)</i>		

