

Diet & Nutrition History

Name:

Date of Birth:

Address:

Telephone:

Email:

Note: Accurate weight and height are very important for this assessment.

Weight:

Height:

Date Measurements Taken:

Has there been any recent change in your weight? If yes, please explain:

Male:

Female:

Medicines you are currently taking:

Name	Dose	Dose time	Manufacturer

Vitamins or other supplements you are currently taking:

Name	Dose	Dose time	Manufacturer

Bowel Habits: Normal Constipation Loose Stools

Describe Activity Level:

Medical History:

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Family Medical History:

Heart Disease or Stroke High Cholesterol or Lipids Kidney Stones

Food Allergies:

Food Intolerances:

Chewing Difficulties: Swallowing Difficulties:

Please record a typical day's diet – *specific amounts of food are very helpful for our assessment:*

Meal	Time	Food and Beverages
Breakfast		
Lunch		
Supper		

Snacks		
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Indicate your food preferences below by checking the boxes to the left of the foods you like:

Beverages

<input type="checkbox"/>	Water	<input type="checkbox"/>	Herbal Tea	<input type="checkbox"/>	Diet Soda	<input type="checkbox"/>	Coffee	<input type="checkbox"/>	Decaf Coffee
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Fruit

<input type="checkbox"/>	Raspberries	<input type="checkbox"/>	Strawberries	<input type="checkbox"/>	Blueberries	<input type="checkbox"/>	Blackberries		
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Vegetables

<input type="checkbox"/>	Asparagus	<input type="checkbox"/>	Radishes	<input type="checkbox"/>	Beets	<input type="checkbox"/>	Kohlrabi	<input type="checkbox"/>	Beet Greens
<input type="checkbox"/>	Rhubarb	<input type="checkbox"/>	Broccoli	<input type="checkbox"/>	Mushroom	<input type="checkbox"/>	Cabbage	<input type="checkbox"/>	Sauerkraut
<input type="checkbox"/>	Brussels Sprouts	<input type="checkbox"/>	Mustard Greens	<input type="checkbox"/>	Celery	<input type="checkbox"/>	Okra	<input type="checkbox"/>	Chicory
<input type="checkbox"/>	Summer Squash	<input type="checkbox"/>	Swiss Chard	<input type="checkbox"/>	Carrots	<input type="checkbox"/>	Onions	<input type="checkbox"/>	Cucumbers
<input type="checkbox"/>	Tomatoes	<input type="checkbox"/>	Cauliflower	<input type="checkbox"/>	Rutabaga	<input type="checkbox"/>	Eggplant	<input type="checkbox"/>	Tomato Juice
<input type="checkbox"/>	Endive	<input type="checkbox"/>	Turnips	<input type="checkbox"/>	Green Pepper	<input type="checkbox"/>	Turnip Greens	<input type="checkbox"/>	Winter Squash
<input type="checkbox"/>	Dandelion Greens	<input type="checkbox"/>	Poke	<input type="checkbox"/>	Watercress	<input type="checkbox"/>	Kale	<input type="checkbox"/>	Romaine
<input type="checkbox"/>	Lettuce	<input type="checkbox"/>	Spinach	<input type="checkbox"/>	Avocado				

Protein

<input type="checkbox"/>	Hard Boiled Eggs	<input type="checkbox"/>	Scrambled Eggs	<input type="checkbox"/>	Egg Salad	<input type="checkbox"/>	Chicken	<input type="checkbox"/>	Ground Beef
<input type="checkbox"/>	Breakfast Sausage	<input type="checkbox"/>	Mozzarella Cheese	<input type="checkbox"/>	Weiner/ Frankfurter	<input type="checkbox"/>	Roast Beef	<input type="checkbox"/>	Bacon
<input type="checkbox"/>	Canadian Bacon	<input type="checkbox"/>	Swiss Cheese	<input type="checkbox"/>	Chicken Salad	<input type="checkbox"/>	Ham	<input type="checkbox"/>	Pork Chop
<input type="checkbox"/>	Cheddar Cheese	<input type="checkbox"/>	Turkey	<input type="checkbox"/>	Lamb	<input type="checkbox"/>	Veal		

Seafood

<input type="checkbox"/>	Salmon	<input type="checkbox"/>	Lobster	<input type="checkbox"/>	Tuna	<input type="checkbox"/>	Scallops	<input type="checkbox"/>	Shrimp
<input type="checkbox"/>	Orange Roughy	<input type="checkbox"/>	Crab						

Fats

<input type="checkbox"/>	Olive Oil	<input type="checkbox"/>	Butter	<input type="checkbox"/>	Ghee	<input type="checkbox"/>	Mayonnaise	<input type="checkbox"/>	Grapeseed Oil
<input type="checkbox"/>	Walnut Oil								

Other favorite foods:

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