

Nutrition Intake Form

Date: _____

Name: _____ Home Phone: _____
 Address: _____ Business Phone: _____
 _____ Zip: _____
 Date of Birth: _____ Age: _____
 Frame: _____ Height (no shoes): _____ Present Weight: _____
 Weight at age 21: _____ 1 year ago: _____ Desired Weight: _____
 Occupation: _____ Marital Status: M S W D

Sports & Athletic Activities - Current: _____
 Past: _____

Food Allergies: _____
 Other Allergies: _____
 Food dislikes: _____
 Do you eat out? _____ How often? _____ Do you drink alcohol? _____
 What? _____ How much? _____
 Do you smoke? _____ How much daily? _____
 Describe your usual energy level: _____

DIETS I HAVE FOLLOWED IN THE PAST:

DATE	TYPE	STARTING WT.	ENDING WT.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMMEDIATE FAMILY HISTORY: Diabetes? _____ Gout? _____ Stroke? _____
 Heart Trouble? _____ High Blood Pressure? _____

FAMILY MEMBER	AGE	STATE OF HEALTH	(OVERWEIGHT)			
			NO	SLIGHT	MOD.	VERY
Father	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your general health and changes you wish to make: _____

<p>Medical Problems:</p> <p>_____</p> <p>_____</p>	<p>Medications and Vitamins:</p> <p>_____</p> <p>_____</p>	<p>Over-the-Counter Drugs and Laxatives:</p> <p>_____</p> <p>_____</p>
<p>TYPICAL BREAKFAST</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>TYPICAL LUNCH</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>TYPICAL DINNER</p> <p>_____</p> <p>_____</p> <p>_____</p>
Time eaten: _____	Time eaten: _____	Time eaten: _____
Where: _____	Where: _____	Where: _____
With whom: _____	With whom: _____	With whom: _____

SNACK HABITS:
 What?: _____
 When?: _____

Why do you have snacks at these times? (hunger, boredom, coffee break, etc.) Please use your own words in answering this:

Do you awaken hungry during the night? _____ What do you do? _____

What are your worst food habits? _____