



## Nutrition Intake Form

Please fill out all information

*“Providing Tools and Enhancing Skills  
To Improve Your Nutritional Health”*

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1. Any medical conditions we should know about?

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2. Any family history we should know about (Ex: Diabetes, Hyperlipidemia, Hypertension)?

\_\_\_\_\_

3. Is there anything you'd like to particularly accomplish by working together?

\_\_\_\_\_

4. Tell me a little about your weight history:

\_\_\_\_\_

5. Do you have any GI concerns such as nausea, vomiting, diarrhea, constipation, bloating, etc.?

\_\_\_\_\_

6. Do you have any food allergies?

\_\_\_\_\_

7. Do you plan your meals?

8. How often do you eat out each week?

9. Are there any foods you are avoiding/limiting?

\_\_\_\_\_

10. Please list your current medications and supplements.

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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