

## Nutrition Intake Form

Your Name: \_\_\_\_\_

DOB: \_\_\_\_\_

1. Have you seen a dietitian before? \_\_\_\_\_
2. Any medical conditions we should know about?  
\_\_\_\_\_  
\_\_\_\_\_
3. Any family history we should know about (Ex: Diabetes, Hyperlipidemia, Hypertension)?  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there anything you'd like to particularly accomplish by working together?  
\_\_\_\_\_  
\_\_\_\_\_
5. Tell me a little about your weight history:  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you tried many diets in the past? \_\_\_\_\_
7. Have you ever logged your food before? \_\_\_\_\_
8. If you have diabetes, are you currently checking your blood sugars? \_\_\_\_\_
9. Do you have any GI concerns such as nausea, vomiting, diarrhea, constipation, bloating, etc.?  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have any food allergies?  
\_\_\_\_\_  
\_\_\_\_\_
11. How many nights a week is dinner cooked at home? \_\_\_\_\_
12. Do you plan your meals or would you like help planning your meals? \_\_\_\_\_
13. How often do you eat out each week? \_\_\_\_\_

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

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15. Please list your current medications.

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16. Please list your current supplements.

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