



Professional Nutrition Counseling

This form must be filled out and returned to the Medical Center front desk prior to scheduling an appointment. We will contact you to schedule your initial appointment once we have received all of the necessary information.

Please fill out this form as completely as possible to ensure a productive first session. 24-hour notice is required to reschedule or cancel an appointment to prevent being charged the late cancellation or no-show fee.

If a change or cancellation is made within less than 24 hours, or if you do not show up for an appointment, you will automatically be charged a fee. This fee is \$40.00.

I have read the above statement and understand the rescheduling protocol for my dietitian sessions.

Signature

Date

PERSONAL DATA

Name: Date of Birth:

Address: Sex: M F

City: State: Zip:

Email: Phone:

MEDICAL DATA & HISTORY

Height: Body Fat %:
(Required) (if available)

Current Weight: Desired Weight:
(Required)

Describe any recent weight changes:

Number of pounds: gained / lost Amount of Time:

If you plan to use medical insurance, please be advised that insurance providers only cover certain types of “medically necessary” appointments and require a note from your physician; please contact us for details. Also note that weight loss is usually NOT covered, even with a note from your doctor.

** Please bring your insurance card with you to your first appointment**

Insurance Carrier: Group #:
 ID #:

If other than Microsoft Premera, please include the following from the back of your insurance card:

PO Box: Provider Phone #:

Medical Diagnosis (Required if using insurance) Referring Physician:

This section is required if applicable to diagnosis; copy of actual lab report is required at the first session:

Labs		Date	Labs		Date
Total Cholesterol			Glucose		
LDL			Other		
HDL			Blood Pressure		
Triglycerides					

List any medication or dietary supplements you are taking:

Briefly describe past & current medical history, including injuries, illness, allergies etc:

List any weight management programs you have participated in or any past nutrition Counseling you have received:

If applicable, describe any barriers you have encountered when trying to lose or maintain weight loss in the past:

FAMILY HISTORY

Briefly describe the health history of the following family members. Include history of weight loss or gain, heart disease, heart attack, diabetes, cancer, stroke, high blood pressure, high cholesterol, etc.

Mother:

Father:

Grand
parents:

EXERCISE

How many days per week do you typically exercise? Describe your activities.

Do you or have you ever worked out with a Personal Trainer? If so, who? When?

NUTRITION

Describe what you hope to achieve through nutrition counseling and in what timeframe:

List all foods you are allergic to:

List any specific dietary patterns you follow (vegetarian, vegan, etc):

SOCIAL HISTORY

How many people live in the home?

_____ Adults
_____ Children

Who cooks in the home?

Where do you grocery shop?

How often do you eat out during a typical week (breakfast, lunch and dinner)? _____

How many alcoholic beverages do you have per week? _____

How many soft drinks do you have per week? regular: _____ diet: _____

What challenges do you foresee in accomplishing your health goals?

What resources or personal qualities do you have that could help you reach your goals?

MEAL TRACKING

In the space below, please record two (2) days of your daily food intake. This provides the dietitians with information regarding your current nutrition habits and needs. Include all food and beverage; please be very specific about the type of food, *serving size*, and brand. Try not to alter your normal routine, and be very honest.

Example: Breakfast (7 am)

- 1/2 cup Minute Maid orange juice
- 1 cup coffee with 1 Tbsp whole milk
- 1 Cinnamon Raisin English muffin
- 2 Tbsp low-fat Cream Cheese
- 1/2 grapefruit

DAY 1

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

DAY 2

Breakfast:

Snack:

Lunch:

Snack:

Dinner:
