

Nutrition Consultation Intake Form

Name:	Date of Visit:
Age & DOB:	Weight:
Referring Physician:	Height:

What Are Your Goals for our Meeting?

1.
2.
3.

Food Allergies/Intolerances (please list)

Medications/Supplements (please list)

Does Your Family/Child Follow Any Special Diet? (ex: vegetarian/vegan, gluten free)

On the following page, please record a 3 day food and exercise log. While recording this information, please continue to eat and drink like normal. Note the following:

- Time the meal/snack started
- Place where eating occurred (home, friend's house, restaurant, table, couch, etc.)
- Foods and liquids consumed
 - Be as specific as possible about items consumed (for example, "8 oz of 2% milk," instead of "glass of milk")
 - Include items added to foods (ketchup, ranch, mayo, etc.)
 - Include brand names if known
- Estimate the amounts of items consumed (1 cup, 1 tablespoon, one slice - try to avoid vague terms such as "a bowl" or "a glass")
- Include any exercise performed (activity, time, intensity - walking on treadmill, 30 minutes, 3 mph)

Day 1: Time Started	Place	Amount and Type of Food	Amount and Type of Liquid

Was this a typical day? Yes No

Why/why not?

Exercise completed? (activity, time, intensity)

Day 2: Time Started	Place	Amount and Type of Food	Amount and Type of Liquid

Was this a typical day? Yes No

Why/why not?

Exercise completed? (activity, time, intensity)

Day 3: Time Started	Place	Amount and Type of Food	Amount and Type of Liquid

Was this a typical day? Yes No

Why/why not?

Exercise completed? (activity, time, intensity)

Please complete the following:

Mealtimes are different for all families. We are interested in what mealtimes are like in your home. For each of the following statements, please choose how often the statement describes mealtimes with your child or in your household.

(0) Never (1) Rarely (2) Sometimes (3) Often (4) Always or Almost Always

1. My child eats meals with other family members.
2. The television is on in the same room or visible when my child is eating.
3. Our family eats an evening meal at a regular time.
4. Meals in our home are rushed.
5. We eat meals in the kitchen or dining room.
6. We eat meals in the car.
7. Everyone in our household eats something different at meals.
8. At meals, my child eats the same food as everyone else.
9. Someone in our home cooks meals.
10. We say grace or have a ritual at the start of meals.

Thank you! We look forward to your visit!