

NUTRITION CLIENT INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

HEIGHT: _____ CURRENT WEIGHT: _____

BIRTHDATE: _____ DESIRED BODY WEIGHT: _____

BODY FRAME (*Please circle*) SMALL MEDIUM LARGE

What are you looking to achieve by talking with a nutritionist?

Have you ever met with a nutritionist in the past? What nutrition plans have you followed in the past?

Do you have any current diagnosis? If yes, please list.

Please describe any significant medical history including surgeries, conditions, symptoms, etc.

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Are you currently taking any medications? If yes, please list name (s) and reason (s) you are taking each medication and for how long.

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Do you currently take any supplements? If yes, please list BRAND names and quantities taken. List when you take these supplements. Please bring your bottles to our session.

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Do you have any food sensitivities/food allergies? If yes, please list.

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What is your living situation (married, single, children, how many?) Who does the shopping? Who does the cooking? Where do you shop? Do you enjoy cooking?

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Please describe your family medical history?

Do you know your body fat percentage? Are you pleased with this?

Do you exercise? If yes, what type of exercise do you do? How frequently? Please describe your workouts.

Please add any additional information you would like for me to have in this area.

If you have current laboratory results from your physician, please bring a copy to your appointment. This will help me develop the best nutrition plan for you.

Thank you for taking the time to complete this form. The more that I know about you before we meet, the better I will be able to help! Please return the completed forms to Lea by fax at **(727) 822-6616** or email to : **Lea@NutritionHealthServices.com** at least 48 hours prior to your scheduled appointment time.