



NUTRITION AND HEALTH HISTORY FORM

PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____ Postal Code: _____

Telephone: (H) _____ (C) _____

Email: _____

Occupation: _____ Employer: _____

Do you travel for work? Yes / No If yes, how often? _____

Date of Birth: _____ Age: _____

Marital Status: _____ Referred By: _____

Physician's Name / Address / Tel. No. _____

Do you have any children – if yes, how many _____

MEDICAL BACKGROUND:

Are there any medical conditions that I should be aware of: _____

Family History: _____

Digestive Health: Gas / Bloating / Constipation / Diarrhea / Acid Reflux / Vomiting / Nausea / Other: _____

Are you taking any **medication** presently? Yes No

If yes, what? _____

Do you have any **food sensitivities** or **food allergies**? Yes No

If yes, what? _____

Are you taking any vitamin / mineral / herbal **supplements**? Yes No

If yes, what? _____

Do you use any other health services? Yes No

If yes, what? _____



Page 2

LIFESTYLE HABITS:

Do you drink coffee? Yes No If yes, how many cups / day? _____

Do you drink tea? Yes No If yes, how many cups / day? _____

Do you drink milk? Yes No If yes, how many cups / day? _____

Do you drink water? Yes No If yes, how many cups / day? _____

Which foods do you particularly like? _____

Which foods do you particularly dislike? _____

Which foods do you avoid for religious / ethical / cultural reasons? _____

Do you cook at home? Yes / No Who does the cooking? Self / Spouse / Shared

Do you eat out often? Yes / No How many times per week? _____

Type of food/restaurant: Fast Food Casual Fine Sandwich Sushi

Do you have a sweet tooth or crave salty foods? _____

How much alcohol do you drink per week? _____

Do you smoke? Yes No If yes, how much? _____

How many hours do you sleep on weeknights? _____ Weekends? _____

What physical activity do you do? _____

How often do you exercise? _____

Energy level: _____ Stress level: _____

Have you worked with a Registered Dietitian before? Yes / No

Current/previous diets: _____

Current nutrition related concerns: _____

Anything else I should know about you?

Thank you for your time and honesty!