



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Nutrition History Form

Name: _____ Age: _____

Height: _____ Weight: _____ Weight range in the past 5 years: _____

What nutrition and health related concerns brought you to see the dietitian?

(Weight loss, weight gain, diabetes prevention, lower blood pressure or cholesterol, exercise performance)

What would you like to learn:

Which topics would be most helpful to discuss with the dietitian (check all that apply):

- Understanding how foods & nutrients influence my health (weight, glucose, cholesterol, blood pressure etc.)
- Tracking my food intake (calorie or carbohydrate counting, keeping food records)
- Planning healthy meals and menus
- Portion sizes
- Reading food labels
- Healthy cooking
- Dining out
- Snacking habits
- Foods to eat for exercise performance
- Other _____

Food allergies or food intolerances: _____

Medications you take: _____

Vitamins, minerals, herbs or other supplements you take: _____

Do you track your food? _____ If yes what app and username? _____

Home Meal Planning and Dining Out Habits:

Who does the food shopping? _____ Who does the food preparation? _____

How often do you eat outside your home (restaurant, cafeteria, fast foods, take out foods)?

Exercise:

Do you exercise? Yes No

What types of exercise (how often, type, length)?
