Nutrition Assessment

General information

-Name: -Date

-Address:

-Birth Date (month/day/year):
-Age:
-Email address:

-Cell Phone:
-Sex:
-Blood Type (Please circle): A / AB / B / O /Unknown
-Occupation:

- Marital Status:
-Do you have children? Yes No what are the Ages of children

-Are you pregnant? Yes No Due Date
-Sleeping time:

-Do you have any current illness or chronic diseases:

-Do you have Family history of any chronic diseases:

-Do you have any Current medications:

-Physical activates grade:

*Sedentary activity
*Light physical activity example: walking 30 minutes.
*Moderate physical activity example: jogging for 30 minutes, for 3 days a week.
*Vigorous physical activity example: running for 45 minutes,for 3 days a week.

Nutritional Goals

-Why do you want to visit a nutritionist today?

*Do you want to lose weight.
*Do you want a healthier life style.
*Do you have any chronic diseases that you think better nutrition will help in.

*Do you want to gain weight.
*Do you have another goal .....

- If you could change three things about your health and nutritional habits, they would be…
1-

2-

3-

-What is your goal weight?

-What is your timeline to reach your goal weight?

Weight history

-Height:
-Weight:
-Bust circumference:
- Under bust circumference:
-Waist circumference:
-Belly circumference:
-Hips circumference:
-Thighs circumference:
-Upper arm circumference:

-What was the biggest weight you reached in last 10 years:

-What was the least weight you reached in last 10 years:

-When was the last time you had a healthy diet? What was its type?

-What is your goal weight:

-Have you had any recent changes in your weight that you are concerned about?
Yes No If yes, what was it:

Diet history

-Do you have any Food allergies:

-What food you like best:

-What are the nutrition/eating habits that are most challenging for me:

-Do you have any diet restrictions:

-What is you eating Style:
*I love to eat
*I eats too much
*I m an emotional eater (if stressed, bored, sad or happy)
*I m not interested in food
*I eat because I have too
*I m a night eater
*I m fast food eater
-What is your Coffee intake per day?

-Do you have any nutritional problem:

-Indicate how often you experience the following symptoms:

*Heartburn.	*Gas
*Bloating.	*Stomach Pain
*Nausea/Vomiting.	*Diarrhea
*Constipation	

Last 24 hours recall sheet

early morning	
Breakfast	
Mid morning	
Lunch	
Snacks	
Dinner	
Bed time	
Beverages	

DR. YASO
NUTRITION & HEALTH FREE ZONE