

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Referred by \_\_\_\_\_

Add me to the mailing list for a free 3-day meal plan, recipes and tips.  Yes  No

Has your weigh changed recently?  Gain  Loss  No Change

What is your primary nutrition concern? \_\_\_\_\_

What is your primary goal? (what would you like to see or get while working together?)  
\_\_\_\_\_

Medical History  
\_\_\_\_\_  
\_\_\_\_\_

Medications (including nutritional supplements)  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Intolerances \_\_\_\_\_

Do you eat :  Quickly  Moderately  Slowly

Which meals do you eat daily?  Breakfast  Lunch  Dinner

Do you snack?  Yes  No

If so what do you snack on? \_\_\_\_\_

How many restaurant meals do you eat each week (includes fast food, take-out, dine-in, breakfast, lunch and dinner)? \_\_\_\_\_

Do you take any supplements? If so, please list \_\_\_\_\_

Do you drink alcohol? If so, how many drinks per week? \_\_\_\_\_

What do you drink on a daily basis? How many cups (8oz.) per day?

Water \_\_\_\_\_ Pop \_\_\_\_\_ Juice \_\_\_\_\_ Coffee \_\_\_\_\_

Tea \_\_\_\_\_ Milk or milk alternatives \_\_\_\_\_ Sports Drinks \_\_\_\_\_

