

Name: \_\_\_\_\_ Date: \_\_\_\_\_

S: \_\_\_\_\_ Eating occasions/day \_\_\_\_\_ Restaurant meals/week

Meals regularly eaten \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner

Favorite foods: \_\_\_\_\_

Food dislikes: \_\_\_\_\_

Food allergies/intolerances: \_\_\_\_\_

Physical activity: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O: Food Hx Obtained: \_\_\_\_\_yes \_\_\_\_\_no Four day food record \_\_\_\_\_ 24 hour recall \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Comments: \_\_\_\_\_

Supplements: \_\_\_\_\_

A: Food Hx Results: Calories \_\_\_\_\_ Excess of: \_\_\_\_\_

Limited intake of: \_\_\_\_\_

REE/kg \_\_\_\_\_ Kcal/day \_\_\_\_\_ Estimated calorie needs for weight loss: \_\_\_\_\_

**Daily Nutrition Goals (Initial):**

\_\_\_\_\_ Grains \_\_\_\_\_ Vegetables \_\_\_\_\_ Fruit \_\_\_\_\_ Dairy \_\_\_\_\_ Protein \_\_\_\_\_ Added fat

\_\_\_\_\_ Total fat (gms) \_\_\_\_\_ Water (cups) \_\_\_\_\_ Other \_\_\_\_\_ Total calories

Educational Materials provided: \_\_\_\_\_

\_\_\_\_\_

Comprehension: \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ average \_\_\_\_\_ fair \_\_\_\_\_ poor

Anticipated compliance: \_\_\_\_\_ excellent \_\_\_\_\_ good \_\_\_\_\_ average \_\_\_\_\_ fair \_\_\_\_\_ poor

P: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_