ADULT NUTRITION CLINICAL PRACTICE INTAKE FORM

Name of person completing form/relationship:	Today's date:

Primary reason for referral: (check all that apply)

- ☐ Weight loss and maintenance
- ☐ Weight gain (_____ pounds)
- ☐ Lower Cholesterol
- ☐ Reduce Sodium
- ☐ Lower Triglycerides
- ☐ Increase fiber intake
- ☐ Diabetic management
- ☐ Improve sports performance
- ☐ Low fat diet (healthy vs unhealthy)
- ☐ Other:_____

SECTION I: REFERAL INFORMATION

Who referred you to our program?

☐ Dr. _____ ☐ Insurance plan ☐ Hospital ☐ Self ☐ Family ☐ Friend ☐ Other:_____

If referred by a physician, please provide us with their contact information below:

Street address:			
City:	State:	ZIP code:	Phone no:

SECTION II: MEDICAL HISTORY

Please provide us with some information about yourself:

Current weight	Current height	Usual weight	Desired weight

Have you experienced unintentional weight gain or loss in the last 6 months? ☐ Yes ☐ No

If yes, please explain_____

Current medications (please include all prescriptions, vitamins, over-the-counter medications, and herbal or alternative remedies):

Please check all health conditions that you currently have and list any medications that you have been prescribed to take:	
Condition	**Prescribed Medication**
☐ Cardiovascular Disease	
☐ High Blood Pressure	
☐ Hyperlipidemia	
☐ Diabetes Mellitus	
☐ Hypoglycemia	
☐ GI Disorder (IBS, Crohns, Constipation)	
☐ Kidney Disease	
☐ Pulmonary Disease	
☐ Liver Disease	
☐ Psychiatric Illness	
☐ Cancer	
☐ Eating Disorder	
☐ Stress Disorders	
☐ Anxiety Disorders	
☐ Depression/Bipolar disorder	
☐ Autism, ADHD, PDD, or Asperger's	
☐ Gastroesophageal reflux	
☐ Food allergies	
☐ Other	
☐ Other	
☐ Other	
☐ Other	

Who are the medical providers who currently treat you?			
Provider	**Specialty**	**Name of Practice**	**Phone Number**

Significant Illnesses or Hospitalizations	
Illness/Reason for Hospitalization	**Date/Age**

Bowel Habits	
Frequency of bowel movements: _____ times per (circle one): day week	Consistency: ☐ Hard ☐ Soft ☐ Loose ☐ Watery

SECTION IV: Physical Activity	
Do you move/work out? ☐ Yes ☐ No	
IF yes, How many times per week do you work out?_____	
What type of aerobic activity?	How long do you do this activity? _____ min
Are you currently involved in a weight training program? ☐ Yes ☐ No If yes, how many sessions per week of weight training?_____	
Are you an athlete on an athletic team? ☐ Yes ☐ No If yes, name the sport._____	

SECTION V: DIET HISTORY

What do you consider to be your problem areas? (Please circle or BOLD):
Craving sweets/ Craving Salts/ Craving Fats/Bingeing late at night/ Bingeing late in the afternoon/ Stress Eating/ Boredom Eating/Nausea/ Other
Please specify

_____
_____
_____
_____
_____

How many meals do you eat a day?	Do you often skip meals? ☐Yes ☐No If yes, please explain: _____ _____ _____ _____
Do you usually eat when you are hungry? ☐Yes ☐No	Do you usually eat when you are NOT hungry? ☐Yes ☐No
Do you eat under stress? ☐Yes ☐No	Do you have cooking facilities? ☐Yes ☐No
Describe any special diets that you are on. (e.g. dairy free, vegetarian, etc.)	
Have you eliminated foods from your diet (by choice or other)? ☐Yes ☐No If yes, explain:	
How much water do you drink daily? ____ oz	How much soda or sugar sweetened beverages do you drink a day? (This includes juice, energy drinks, sweetened tea, coffee, etc.) _____ oz/cups
Do you drink alcohol? ☐Yes ☐No	How much per week? ____ oz/cups

Please list….	
The foods you like the most	
The foods you dislike the most	
Describe the environment/location of meals (e.g. in front of TV, with family):	
Eating Out	
How many times per week do you eat out?	
What types of fast food/restaurants do you eat out at most often:	**Typical food choices**
Please include other information that would be helpful for me to know:	

Food Frequency- Check how often you eat the foods listed below					
	More than once a day	Once a day	2-3 times a week	Rarely	Never
Milk, type _____	☐	☐	☐	☐	☐
Cheese	☐	☐	☐	☐	☐
Yogurt	☐	☐	☐	☐	☐
Ice Cream	☐	☐	☐	☐	☐
Beef (including burgers)	☐	☐	☐	☐	☐
Chicken or turkey	☐	☐	☐	☐	☐
Pork	☐	☐	☐	☐	☐
Fish	☐	☐	☐	☐	☐
Eggs	☐	☐	☐	☐	☐
Egg substitutes	☐	☐	☐	☐	☐
Sausage/Bacon/Hot dogs	☐	☐	☐	☐	☐
Liver/Organ Meats	☐	☐	☐	☐	☐
Peanut Butter/ Hummus	☐	☐	☐	☐	☐
Nuts or seeds	☐	☐	☐	☐	☐
Dried beans/peas	☐	☐	☐	☐	☐
Tofu, tempeh, soy	☐	☐	☐	☐	☐
White bread, rolls, crackers	☐	☐	☐	☐	☐
Whole Wheat Bread, rolls	☐	☐	☐	☐	☐
White Pasta	☐	☐	☐	☐	☐
Whole Wheat Pasta	☐	☐	☐	☐	☐
Other Grains	☐	☐	☐	☐	☐
Hot Cereals (oats, grits)	☐	☐	☐	☐	☐
Cold Cereals (type:_____)	☐	☐	☐	☐	☐
Corn or flour tortillas	☐	☐	☐	☐	☐
Quick breads: (muffins, pancakes, waffles, French toast)	☐	☐	☐	☐	☐
Dark Green leafy vegetables (Spinach, red-leaf, romaine, collards, kale, turnip greens)	☐	☐	☐	☐	☐
Onions, garlic, radish, cucumber	☐	☐	☐	☐	☐
Broccoli, Brussels sprouts, cabbage, cauliflower	☐	☐	☐	☐	☐
White or sweet potatoes	☐	☐	☐	☐	☐
French fries or home-style potatoes	☐	☐	☐	☐	☐
Corn, green peas, string beans, squash or carrots	☐	☐	☐	☐	☐
Citrus Fruits	☐	☐	☐	☐	☐
Peaches, melons	☐	☐	☐	☐	☐

	More than once a day	Once a day	2-3 times a week	Rarely	Never
Berries (strawberries, blueberries, blackberries, raspberries)	☐	☐	☐	☐	☐
Apples, pears, and grapes	☐	☐	☐	☐	☐
Canned or frozen fruit	☐	☐	☐	☐	☐
Dried fruit (raisins, prunes)	☐	☐	☐	☐	☐
Sweets and desserts	☐	☐	☐	☐	☐
Fruit Juice	☐	☐	☐	☐	☐
Alcohol	☐	☐	☐	☐	☐
Pizza	☐	☐	☐	☐	☐
Mixed dishes: Lasagna, burritos, casseroles	☐	☐	☐	☐	☐
Snack foods: chips, popcorn pretzels, crackers	☐	☐	☐	☐	☐
Sports drinks	☐	☐	☐	☐	☐
Sports bars	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐