Healthy Living Program

MMC (305) 348-2401 Ext. 5

Name: _	Panther ID#:	Date:

Nutrition Consultation Follow-Up Form

Guidelines for your Follow-Up Appointment

- Please fill out your completed follow-up form and either bring it in person to the Healthy Living Program office or email it to shsdiet@fiu.edu at least 2 days before your follow up appointment.
- Complete the food journal as it will help the Dietitian be able to see changes made in your diet since the initial appointment.
- If you have any questions about your follow-up appointment or need to cancel or reschedule please contact the Healthy Living Program at 305-348-2401 Extension 5.

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What goals did you set at your last appointment?	
Were you able to meet the goals you set? Yes Please explain in further detail:	
How have your eating habits changed since your last ap	pointment?
What is your overall mood like since our last appoint modelike since our last	
What are your current concerns and nutrition goals at t	chis time?
Please rate the following: How important is it to you to make a change in your nutrition habits?	Not at all Extremely 1 2 3 4 5 6 7 8 9 10
How confident are you in your ability to change now?	1 2 3 4 5 6 7 8 9 10

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Food Journal: Please record your food intake for 2 weekdays and 1 weekend day & submit your forms to shsdiet@fiu.edu or the Healthy Living Program office at least 2 days before your appointment.

Weekday 01	WHAT & HOW MUCH?	WHERE?	WHY? (Triggers, etc.)	HUNGER LEVEL? (Rate from 1-4)
Breakfast Time:				
Lunch Time:				
Dinner Time:				
All Snacks Times:				

Weekday 02	WHAT & HOW MUCH?	WHERE?	WHY? (Triggers, etc.)	HUNGER LEVEL? (Rate from 1-4)
Breakfast Time:				
Lunch Time:				
Dinner Time:				
All Snacks Times:				

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Weekend 01	WHAT & HOW MUCH?	WHERE?	WHY? (Triggers, etc.)	HUNGER LEVEL? (Rate from 1-4)
Breakfast Time:				
Lunch				
Time:				
Diama				
Dinner Time:				
All Snacks Times:				

Please use the guide below to estimate your portion sizes for the food journal

