

Patient Profile: Nutrition

\*Please provide your legal name (i.e. full name as listed on your social security card, passport, or driver's license).

	Last Name*	First Name*	M.I			
Patient Information	Nickname (if applicable)					
	Address					
	CityStateZip Code					
	Date of Birth/ Age					
	Gender: ☐ Female ☐ Male	Work # ()				
	Height:'	Cell # ()				
		E-Mail				
		<u>'</u>				
	Referred by:					
	What is the main reason you have come to a nutritionist?  ☐ To lose weight before pregnancy ☐ I have a GI disorder					
	☐ To gain weight before pregnancy ☐	I have PCOS				
	☐ For general health and well being ☐ Other:					
	Have you tried any of the following diets? (Check all that apply)  ☐ Atkin's ☐ The Zone					
	☐ Jenny Craig ☐	Weight Watchers				
	□ Nutrisystem □ Other:		-			
	Please list the names of any nutritionists you have seen in the past and reason for visit(s):					
	Name: Reason:					
file	<del></del>					
t Profile						
Die	Dietary restrictions	Dietary preferences				
	Mark those items you cannot or choose not to eat:  ☐ Chicken ☐ Cheese	List foods/ cuisines you like to eat:				
	☐ Fish (all types) ☐ Cottage cheese					
	□ Pork □ Dairy (all types)					
	☐ Poultry (all types) ☐ Eggs					
	□ Red meat □ Nuts					
	□ Salmon □ Tofu					
	□ Shellfish □					
	☐ Smoked Salmon ☐					
	□ Tuna □					
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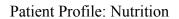
For office use:





	Please list the name of all physicians you see regular Name:		heir specialty pecialty:	
Medical Profile	Please list all prescription medications you are curren		Please list all vitamins, minerals, and	
	Family history (mark all that apply):  □ Diabetes □ Hypertension □ Heart disease □ Other:		Months attempting pregnancy:	
<u> </u>	How many days per month do you travel?		How many dinners per week do you	eat out? /wk
	How many hours per week do you work?			
	Do you smoke?			
	Do you drink alcoholic beverages? ☐ No ☐	Yes	/ wk	
			/ wk	
rofile	Do you belong to a health club? $\square$ No $\square$ Yes (if yes, please indicate which one below):			
<u>festyle Profile</u>	☐ Chelsea Piers ☐ Equinox			
•	☐ Crunch ☐ New York Health & Racquet Club ☐ Other:			
	Have you ever been diagnosed with any of the following conditions? (Check all that apply)		Are you concerned about any other currently have or is in your family)?	
	☐ Diabetes			
	☐ Heart Disease			
	☐ Hypertension			
	□ PCOS	į		

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## Please detail, to the best of your ability, a typical weekday and weekend day diet.

		Weekday	Weekend Day
	Breakfast		
	Time:		
	Snack		
	Time:		
>	Lunch		
ξ	Time:		
his			
et			
24-hour diet history			
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24			
	Afternoon Snack		
	Time:		
	Dinner		
	Time:		
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