



## NUTRITION ASSESSMENT FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Weight Range: \_\_\_\_\_ Ideal Weight \_\_\_\_\_

1. Please tell me about your reason(s) for seeking nutritional consultation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What are your current nutrition and/or fitness goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any concerns or reasons why you may not be able to reach your goals? (e.g. work, family, finances, time, etc.). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Over the past 12 months have you adjusted your diet and if so how? Was it successful in improving your nutrition, please explain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please describe your typical daily diet to include, the meal's content and amounts, include beverages:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

6. Do you feel that you have any negative eating habits (food cravings, late night eating, eating out frequently, eating too much, eating when not hungry, emotional eating, fast eating, poor snack choices, skipping meals etc.)? \_\_\_\_\_

\_\_\_\_\_

7. What foods do you eat most frequently?

---

---

8. Are there foods that you dislike and will not eat? \_\_\_\_\_

---

---

9. Are you currently exercising or training? If so please describe your training program (days per week, length of time, resistance vs. cardio exercise etc.).

---

---

10. Are you eating a pre or post workout meal and if so please describe?

---

---

11. How many cups of water are you consuming each day?

---

---

12. Do you feel your current nutrition program optimally supports your training? If not what areas require improvement?

---

---

13. Do you feel you have sufficient energy for your daily activities and training?

---

---

14. Please list your past medical history including any food allergies:

---

---

15. Please list any medications or supplements you are taking:

---

---

16. Please list your top three nutrition questions:

---

---

---

---

### **Informed consent**

I hereby consent to receive nutritional education and guidance and understand that this information will be filed and stored for future use in helping advance my nutritional program. The information will be kept confidential and will not be used by other entities except in the case to communicate your care with medical professionals.

---

**Signature**

---

**Date**