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| Nutrition Screening form:(To be completed by patient prior to 1st apt w/RDor with parent/guardian and pt if pt is a minor prior to 1st apt w/RD) |

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| Name:  | DOB:Do you smoke?:  |
| Height:  | Weight: |
| Date of your last physical exam AND bloodwork? | Do you have any lab values that are abnormal? (if yes, please describe) |
| Does your Dr. have any concerns regarding your health? (if yes, please describe) | Do you have a family history of hypertension, diabetes, cancer, high cholesterol, high triglycerides or other health conditions? (if yes, please describe) |
| #1 Goal in meeting w/a Registered Dietitian:  |
| Chewing/swallowing problems? If yes, please explain. |
| Who does the cooking and grocery shopping at home? |
| Food Allergies or Intolerances: |
| List foods you do not like: |
| How many meals/day do you normally eat? | How many snacks/day: |
| Do you normally eat and snack around the same times every day? |
| List all foods normally eaten at breakfast: |
| List all foods normally eaten at lunch: |
| List all foods normally eaten at dinner: |
| List all foods normally eaten for snacks: |
| List all drinks normally consumed on a weekly basis: |
| How many days/week do you normally eat out (restaurant or fast food)?  | List most frequent restaurants/fast food places you usually eat at:  |
| Do you experience nausea, vomiting, constipation and/or diarrhea regularly?* If yes, please describe:
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| Do you exercise regularly? * If yes, please describe how many days/week, how many minutes/day and the activity:
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| What is your favorite type of exercise and why? |
| Please list any medical diagnoses w/date of diagnosis: |
| Please list any past surgeries w/dates:  |
| Please list any OTC and/or prescription medications you are currently taking:  |
| Are you currently following a special diet or meal plan?* If yes, please describe:
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| Have you ever followed a special diet or meal plan?* If yes, please describe:

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| Have you ever received nutrition counseling before? * If yes, please describe:
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| What challenges are in your life are keeping you from meeting your nutrition and exercise goals? |

**At least 3 days before our 1st appointment**:

1. Submit this form to your dietitian and
2. Fax over your most current blood work from your medical doctor

(Fax: 310.833.6569)

**Please bring the following with you to our first appointment:**

1. Valid photo ID
2. Insurance cards (if we are going through insurance)
3. Current medications
4. 5 day food journal w/all food, drinks and portion sizes consumed
5. New patient paperwork

**Thank you for your Time ☺**