

NUTRITION HISTORY FORM

Name: _____ Gender: Male___ Female___ Age: _____ DOB _____

Primary Physician: _____ Phone number (if not here at the center): _____

*Please complete this form **AND THE FOOD DIARY** and bring it with you to your appointment*

Personal medical history:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Stroke
<input type="checkbox"/> Obesity	<input type="checkbox"/> Elevated cholesterol	<input type="checkbox"/> Elevated Triglycerides	<input type="checkbox"/> Sleep apnea
<input type="checkbox"/> Gallstones	<input type="checkbox"/> Reflux disease	<input type="checkbox"/> Chronic constipation	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Migraines	<input type="checkbox"/> Anemia
<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> IBS/Crohn's	<input type="checkbox"/> Celiac/Food Allergy
<input type="checkbox"/> Physical inactivity	<input type="checkbox"/> Smoker	<input type="checkbox"/> Other	<input type="checkbox"/> Other

What's your current physical activity level? Active Describe: _____

Inactive: exercise <3 times week Just getting started haven't ever exercised routinely

List all medications you are taking (herbs, vitamins, minerals, over-the counter and prescription)

Medications/Herbs/Vitamins	Dose	Frequency	Reason for taking

FOOD SCORE SHEET – Check the answer that indicates your USUAL intake

YES NO

I eat breakfast most mornings		
I eat at least 4 meals or snacks a day		
I eat my largest meal in the evening		
I avoid eating seconds during meals		
I usually have a snack or dessert after my evening meal		
When at home, I only eat at the kitchen or dining room table		
When at work, I avoid eating at my desk.		
I am relaxed and enjoy eating		
I allow at least 20 minutes to complete my meals		
I avoid doing other things while eating, ie reading the newspaper, watching TV, internet		
I eat out less than 2 times a week.		
I eat protein (meat/fish/poultry/beans/dairy/nuts) with each meal		
I avoid visible fats on meats		
I only eat high fiber cereal and whole grain breads, pastas etc.		
I eat bread or potatoes with most meals other than breakfast		
I avoid beverages with sugar (regular sodas, sports drinks, sweet tea, fruit juice)		
I drink at least 32 oz of water a day		
I avoid sweets most days.		
I avoid adding salt to my food		
I consume yogurt, cheese, cottage cheese or milk most days		
I eat 5 servings of fruit and vegetables day (1/2 cup = 1 serving)		
I eat 3 different varieties of fruits and vegetables most days		
I avoid fried foods		
I watch my calorie intake or fat intake		
I get hungry within 2 hours of eating a meal		
I drink less than 2 alcoholic beverages each day		
I have a desk job, or one that requires little activity		
I exercise at least 4 days out of the week		
I am rested when I wake up in the morning		
What changes have you recently made to your eating or exercise routines:		
What would you like to accomplish in working with me:		

e-mail address (please print) _____

May I contact you via e-mail? _____

Food Log Instructions:

1. You may make copies of the template provided or keep it on notebook paper or a small notebook. Convenience is an issue here as you should keep it with you at all times during the days you are recording your intake.
2. Keep the log for a **minimum** of 3 days (more days are better but not necessary), and one of the days **must** be a weekend day as your eating habits will change dramatically during the weekend.
3. **Please estimate the portion sizes as accurately as possible using the portion size guide provided.** Portion size is most problematic for Americans and can dramatically impact your calorie intake for the day. If portion sizes are included I can use the information to conduct a dietary analysis for you.
4. Please be honest with yourself. This is **not** done to judge you or anything you do. We cannot set about addressing a problem until we know what it is. Try not to change your eating habits because you know someone will be reading your food log-it will be confidential. This exercise will also serve to make you aware of habits or tendencies that you may not be aware of and may be an eye-opening experience for you.

Time	Meal	-SAMPLE FOOD DIARY-	Where I eat
<i>Example</i> 6: 30 am 7:00 am	<i>Breakfast</i>	<i>Diet coke and glazed doughnut Large coffee with 2 creamers and 2 packets sugar 1 Egg McMuffin 16oz orange juice</i>	<i>home McDonalds- in my car</i>
10:00	Snack	6 peanut butter and crackers from vending machine 20 oz diet dr pepper 16oz water	Desk at work
1:00pm 2:00pm 3:00pm	Lunch	Sandwich from home: 1oz turkey, lettuce, tomato, pickle, 2 tbsp mayo, 1 Tbsp mustard, on white bread 1oz bag baked lays 1 large apple with 2 slices American cheese large oatmeal Debbie cake 20oz diet coke 16oz water	Break room Desk Desk
4:30pm	snack	20oz regular caffeine free coke king size snicker bar	Car
7:00pm	Dinner	3oz BBQ chicken breast baked without skin 1 cup mashed potatoes with skim milk, liquid parkay fat free margarine, salt, pepper, and garlic 1 cup baked apples with 1 Tbsp sugar and 1 tsp cinnamon ½ cup green beans cooked with 1 Tbsp vegetable oil, 1 pinch salt 2 slices white bread 20 oz decaf sweetened tea with sugar substitute	Living room with TV on
8:30pm 9:30pm	Snacks	1 bag buttered microwave popcorn with 20 oz diet coke Yellow cupcake with chocolate icing, homemade 10 oz whole milk	In recliner watching TV In bed reading

FOOD DIARY

Name: _____ Gender: _____ Height: _____ Weight: _____ Age: _____

Time	Meal	Food and Portion Size	Where I eat
	<i>Breakfast</i>		
	Snack		
	Lunch		
	Snack		
	Dinner		
	Snack		

WHAT COUNTS AS A SERVING?*

Grain Products Group (bread, cereal, rice, and pasta)

- 1 slice of bread (2 cassette tapes)
- 1 ounce of ready-to-eat cereal (size of a tennis ball)
- 1/2 cup of cooked pasta (about 32 strands of spaghetti)
- 1 bagel, serving of rice or hot cereal (size of a hockey puck)

Vegetable Group

- 1 cup of raw leafy vegetables
- 1/2 cup of other vegetables -- cooked or chopped raw
- 3/4 cup of vegetable juice (6 ounces)

Fruit Group

- 1 medium apple, banana, orange
- 1/2 cup of chopped, cooked, or canned fruit
- 3/4 cup of fruit juice

Milk Group (milk, yogurt, and cheese)

- 1 cup of milk or yogurt (8 ounces)
- 1 ounce of natural cheese (size of about 4 dice)
- 2 ounces of processed cheese (size of a golf ball)

Meat and Beans Group (meat, poultry, fish, dry beans, eggs, and nuts)

- 3-3 1/2 ounces of cooked lean meat, poultry, or fish (size of a deck of cards)
- 1/2 cup of cooked dry beans or 1 egg counts as 1 ounce of lean meat. Two tablespoons of peanut butter or 1/3 cup of nuts count as 1 ounce of meat.

Some other examples of serving sizes

- 1/16 frosted cake (slice 2 fingers wide)
- 10 French fries