

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:

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

MOTIVATION LIST

WHAT DO YOU WANT TO CHANGE ABOUT YOU

Please make a list of things you want to change in your life that can be accomplished with lifestyle changes. These will be what motivates you, keeps you on track and reminds you why your are working toward a healthier, optimal you.

1. _____

2. _____

3. _____

4. _____

6. _____

7. _____

8. _____

9. _____

10. _____