**Patient Nutrition History Form**

Name: Age: Sex: M F

**Nutrition Evaluation:**

1. Present Weight: Height (no shoes): **Desired (goal)** Weight:

2. In what time frame would you like to be at your desired weight?

3. Birth Weight: Weight at 20 years of age: Weight one year ago:

4. What is the main reason for your decision to lose weight? \_\_\_\_\_\_\_

5. When did you begin gaining excess weight? (Give reasons, if known): \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What has been your maximum lifetime weight (non-pregnant) and when?

7. Previous diets you have followed: Give dates and results of your weight loss:

8. Is your spouse, fiancée or partner overweight? Yes No

9. Do any children have weight issues? Yes No Comments:

10. How often do you eat out?

11. What restaurants do you frequent?

12. How often do you eat “fast foods?”

13. Who plans meals? Cooks? Shops?

14. Do you use a shopping list? Yes No

15. What time of day and on what day do you usually shop for groceries? \_\_\_\_\_\_

16. Food allergies:

17. Food dislikes:

18. Food(s) you crave:

19. Any specific time of the day or month do you crave food?

20. Do you drink coffee or tea? Yes No How much daily?

21. Do you drink cola/soda drinks? Yes No How much daily?

22. Do you drink alcohol? Yes No

 What? How much daily? Weekly?

23. Do you use a sugar substitute? Butter? Margarine?

24. Do you awaken hungry during the night? Yes No

 What do you do?

25. What are your worst food habits?

26. Snack Habits:

 What? How much? When?

 \_\_\_\_\_

27. When you are under a stressful situation at work or family related, do you tend to eat more? Explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28. Do you think you are currently undergoing a stressful situation or an emotional upset? Explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. Smoking Habits: **(answer only one)**

 You have never smoked cigarettes, cigars or a pipe.

 You quit smoking \_\_\_\_ years ago and have not smoked since.

 You smoke 20 cigarettes per day (1 pack).

 You smoke 30 cigarettes per day (1-1/2 packs).

 You smoke 40 cigarettes per day (2 packs).

30. Typical Breakfast Typical Lunch Typical Dinner

 Time eaten: Time eaten: Time eaten:

 Where: Where: Where:

 With whom: With whom: With whom:

31. Describe your usual energy level:

32. Activity Level: **(answer only one)**

 InactiveNo regular physical activity with a sit-down job.

 Light Activity No organized physical activity during leisure time.

 Moderate Activity - Occasionally involved in activities such as weekend golf, tennis, jogging,

 swimming or cycling.

\_\_\_\_Heavy Activity Consistent lifting, stair climbing, heavy construction, etc., or regular participation in jogging, swimming, cycling or active sports at least three times per week..

 Vigorous Activity - Participation in extensive physical exercise for at least 60 minutes per session, 4 times per week.

33. Behavior Style: **(answer only one)**

 You are always calm and easygoing.

 You are usually calm and easygoing.

 You are sometimes calm with frequent impatience.

 You are seldom calm and persistently driving for advancement.

 You are never calm and have overwhelming ambition.

 You are hard driving and can never relax.

34. Please describe your general health goals and improvements you wish to make:

This information will assist us in assessing your particular problem areas and establishing your medical management. Thank you for your time and patience in completing this form.