



Nutrition Intake Form

Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Physician: _____ Name of insurance: _____

Age: _____ Birthday: _____

Height: _____ Weight: _____

Current Medications including vitamin/mineral supplements

Please describe current and past use of nutritional supplements.

Have you ever seen a dietitian before? _____ If so, please describe the reason and what treatment you received. Please include comments about what was helpful and what was not.

Do you know why you are here to see the dietitian today? _____ If yes, why? _____

What are your goals and expectations for the visit?

Do you have any specific questions for the dietitian?

Describe a typical day's eating pattern. (What do you usually eat?)

BREAKFAST	LUNCH	DINNER
MORNING SNACK	AFTERNOON SNACK	EVENING SNACK

How would you rate you/your child's motivation to change? (Circle One)

- A. Not motivated to change
- B. Somewhat motivated to change
- C. Motivated to change
- D. Highly motivated to change