

NUTRITION AND HEALTH HISTORY FORM

The following questionnaire will help us to plan your care. All of the information is confidential and will not be used without your consent.

PERSONAL INFORMATION

Name _____ Date _____

Address _____ City _____

Province _____ Postal Code _____

Phone No. _____ (Primary); _____ (Secondary)

Can messages be left for you at these numbers? _____

E-mail Address _____

Date of Birth _____ Age _____ Gender _____ Marital Status _____

Occupation: _____ Employer: _____

Family Doctor _____ Phone No. _____

Address: _____ Postal Code _____

Referred by: _____

EXTENDED HEALTHCARE COVERAGE:

Insurance Company Name: _____

Group ID/Policy Number: _____ Member Number: _____

Relationship to Cardholder (self, spouse, child) _____

Name of Cardholder: _____

Please describe your primary reason(s) for booking your appointment with the Registered Dietitian.

MEDICAL BACKGROUND:

Are there any medical conditions that the Dietitian should be aware of? _____

Family History of medical conditions such as heart disease, osteoporosis, etc.: _____

Are you taking any medication presently? Yes No

If yes, what? _____

Do you have any food sensitivities or food allergies? Yes No

If yes, what? _____

Are you taking any vitamin / mineral / herbal supplements? Yes No

If yes, what? _____

Do you use any other health services? Yes No

If yes, what? _____

Do you follow a special diet, eat or limit certain foods for health or other reasons? Yes No

If yes, please describe:

WEIGHT HISTORY:

Height: _____

Present Weight: _____

Highest Adult Weight: _____

at what age? _____

Lowest Adult Weight: _____

at what age? _____

NUTRITION QUESTIONNAIRE

To help the Registered Dietitian gain a better understanding of your personal dietary patterns please complete the following questionnaire

Please *circle* the answer that *best* describes how you eat:

Which meals and/or snacks do you typically eat:

Breakfast am snack Lunch pm snack Dinner evening snack Midnight snack

Who prepares the meals: me family member other

Who does the shopping: me family member other

How often in a **WEEK**, (including breakfast, lunch & supper) do you eat:

Fast foods: Less than 1 1-3 3 or more

Take Out: Less than 1 1-3 3 or more

Sit-down restaurants: Less than 1 1-3 3 or more

Processed foods (ex. canned soup or pasta,
or frozen meals)? Less than 1 1-3 3 or more

Processed meats (ex. bologna, salami, hotdogs,
sausage or bacon)? Less than 1 1-3 3 or more

Which of the following beverages do you drink and how often per **DAY**:

Milk (8 oz. glass) (cow/soy/rice/almond, etc.) Less than 1 1 2 3 4 or more

Soda (1 can = 12 oz/355mL) Less than 1 1 2 3 4 or more

Regular Coffee or Tea (8 oz. cup) Less than 1 1 2 3 4 or more

Water (8 oz. glass) Less than 1 1 2 3 4 or more

How many **alcoholic drinks** do you have in an average **WEEK**? _____

On **AVERAGE**, how many servings of the following foods do you eat **DAILY**?

Red meat, chicken, turkey, fish or tofu Less than 1 1-2 3 or more

Yogurt (1/2 cup) Less than 1 1-2 3 or more

Cheese (1 oz. or 1/4 cup grated) Less than 1 1-2 3 or more

Bread (1 slice)	Less than 1	1-2	3 or more
Pasta, Rice or Beans (1/2 cup cooked)	Less than 1	1-2	3 or more
Fruit (1/2 cup or 1 med) raw or cooked	Less than 1	1-2	3 or more
Vegetables (1/2 – 1 cup) raw or cooked	Less than 1	1-2	3 or more

Do you use **low fat** salad dressing & mayonnaise instead of regular? Yes No

Do you **ADD** butter, margarine or oil to bread, potatoes, rice or vegetables? Yes No

Which **types of fat** do you cook with? (Circle all that apply)

Vegetable oil Soft tub margarine Butter Non-stick sprays like Pam Hard margarine

Other:

How often do you eat **fried foods** such as fried chicken, fried fish or french fries?

Less than once a week 1-3 times a week 4 or more times per week

How often do you eat **sweets** like cake, cookies, pastries, donuts, muffins, and chocolate?

Less than once a week 1-3 times a week 4 or more times per week

How often do you snack on **potato chips, nacho chips, corn chips, crackers, or nuts**?

Less than once a week 1-3 times a week 4 or more times per week

Thanks for completing this questionnaire!

*Wendy Borody, RD
Consulting Dietitian*