



Dietitian Appointment – New Patient Form

To provide you with the best individualized nutrition care possible, please complete the following questionnaire. **Bring the completed form to your Dietitian visit.**

PERSONAL INFORMATION

Name: _____ Age: _____ Date of Birth: _____

HEALTH INFORMATION

Height: _____ Current weight: _____ Usual weight: _____

Has your weight changed in the past year? yes no

If yes, please list: _____ pounds lost gained Was this intentional? yes no

Do you exercise? yes no If yes, what type and how often? _____

Are there any medical reasons you cannot or should not exercise? yes no

If yes, please list: _____

Please rate your current stress level High Moderate Low None

What adds most to your stress? Family Money Health Work Other: _____

NUTRITION INFORMATION

Have you met with a Registered Dietitian in the past? yes no

If yes, when/where? _____

Do you follow a special diet or eating style? yes no

If yes, please describe: _____

Please list any strong overall food preferences:

Who does your grocery shopping? myself other: _____

Who prepares your meals? myself other: _____

How many meals do you typically eat each day? _____

Do you ever skip meals? yes no If yes, when/why? _____

How many meals per week do you typically eat away from home, and where? (for example: at your workplace, restaurant, social event, etc.): _____