Please complete this form to the best of your ability and either bring it with you to your consultation or send via email to info@nynutritiongroup.com.

**Name:**

**Reason for consultation:**

**What do you hope to**

**achieve in your nutrition consultation?**

**Health and Medical History:** Please indicate all that apply with a C (current) or P (past) in box to left

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| --- | --- | --- | --- |
|  | Food allergies / intolerances |  | Diabetes |
|  | Eating disorder |  | GI condition |
|  | Other: |  | |

**Please name any medications, vitamins, botanicals, probiotics and any other supplements you use.**

**Physical Activity:**

Type of activities, how often, how long:

**Sleep:**

Duration most nights: □ 8+ hrs □ 6-8 hrs □ <6 hrs Sleep quality most nights: □ Good □ Fair □ Poor

**Stress:**

On a scale of 1-10, what is your stress level most days (1=minimal, 10=extreme)?

Life stressors: □ Work □ Finances □ Health □ School □ Other

**Height/Weight:**

Height: Current Weight: Goal Weight (if applies): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight History (highest/lowest as an adult): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Habits:**

Do you follow a specific diet or eating pattern?

Do you avoid any particular food or beverages?

Do you have a meal plan? □ Yes □ No

Do you grocery shop? □ Yes □ No

Do you cook? □ Yes □ No

**What do you think would make the most difference in your overall health?**

**Please write a brief summary of any information that will be helpful to me regarding your health history, or in your own words tell me your story.**

**3 Day Food Record:**

It would be helpful, but not required, if you could complete a food record prior to your appointment and bring it with you. You may use the format provided below or an app of your choice, like MyFitnessPal.

Instructions:

1. Record everything you eat and drink for three days. It is best to use two week days and one weekend day; record as soon after you eat as possible.
2. When describing a food, be specific and precise. Possible descirptors may include: brand name, preparation method, raw, frozen, canned, chopped, whole, low fat, non fat, etc.
3. When recording amounts, use standard measures such as cups, tablespoons, teaspoons, number of pieces.

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| Date | Time | Food/Description | Amount |
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