



Nutrition Consultation Questionnaire

Welcome! We are so excited you've made the decision to improve your wellbeing and quality of life through nutrition therapy. We find it very helpful to learn a little bit about you prior to our first session. This helps us to better understand your needs, preferences, and goals in order to offer realistic and personalized care for your health concerns.

If you become overwhelmed, find any of the questions challenging, or don't feel comfortable answering, please leave them blank. Only complete the sections which feel appropriate to you to complete.

Name: _____ Date of Birth: _____ Age: _____

Occupation (what are you doing in life and are how do you feel about it?):

Who do you live with?

Purpose of our Consult- Tell me about why we are meeting. What do you feel is the primary purpose?

Relevant Medical History- Please list/describe any medical diagnoses or procedures I should be aware of.

Please list your current medications & supplement dosages:

Have you ever worked with a dietitian/nutritionist? If yes, tell me about your experience.

Digestive Health



Have you ever received a gastrointestinal (GI) diagnoses? If yes, please describe

Did you have any GI issues as child or adolescent? If yes, please describe

Do you have any food allergies or intolerances? If yes, please describe

Relevant Family History- Share with me any family dynamics you feel are important for me to know/understand.

Food & Nutrition

Tell me about your dieting and/or your eating disorder history

Eating Patterns

How many meals a day do you eat?

Do you skip meals?

If yes, which ones do you skip and why?

What are your snacking habits (i.e. frequency, time of day, foods you choose)?

Do you eat and multi-task (i.e. read, watch TV, drive)? If yes, please describe:

Where do you eat your meals?

Do you feel you eat particularly fast or slow? Please describe:

Do you like to cook?

Who does the grocery shopping?

Who prepares the food at home?

Please list the usual time and typical daily intake for each meal:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Do you have any cultural or religious food preferences or practices? If yes, please describe:

What foods do you love?

What foods do you dislike?

Are there any foods that you fear or feel like binge foods for you?

Does your diet have a lot of variety or does it tend to be the same from day to day?

Exercise and Activity

Have you ever had a consistent exercise routine?

If yes, tell me about your past exercise habits/relationship to exercise:

Tell me about your current exercise habits/relationship to exercise:

Body Image

Do you weigh yourself currently? If yes, how frequently:

Please circle how you currently feel about your body.

strongly dislike

dislike

slightly satisfied

satisfied

very satisfied

Working together

What do you hope to accomplish through our visits together?

Please feel free to share any additional information here.