



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: _____

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

Have you ever worked with a dietitian/nutritionist? Yes or No

Digestive Health

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

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

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?

Who does the grocery shopping and food preparation?

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:

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:

Working together

What do you hope to accomplish through our visits together?

Please feel free to share any additional information here.