Name: Date of Birth

Gender/Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns:

**Personal History**

Highest Level of education:

Occupation: Employer/School:

Marital Status:

What are your living arrangements?

**Medical History**

Please list medical diagnoses or procedures. Please include any mental health concerns (i.e depression, anxiety, OCD, PTSD).

Please list current medications and supplements and dosages.

Please list any medication allergies and reactions:

(If applicable)

Age at onset of menstruation: Date of last menstruation:

Any changes in or inconsistencies with your menstrual cycle? If yes, please describe.

Number of pregnancies: Number of live births:

Are you pregnant or breastfeeding?

**Purpose of Consult:**

What do you feel is the primary purpose of our meeting?

What would you like to accomplish from working together?

Have you ever worked with a dietitian or nutritionist before? If yes, please explain your experience.

**Digestive Health:**

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

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

Do you take laxatives/probiotics or any other medications to assist with bowel concerns?

**Relevant Family History**

Share any family dynamics you feel are important for us to know.

What was food/eating like in your house growing up? What is it like now? Does anyone have history of dieting, disordered eating or eating disorders? Any other chronic illnesses?

**Food and Nutrition History (please complete all that apply to you)**

Please describe your eating habits.

Have you ever tried any diets or are you currently on one? If yes, please describe.

Have you ever used diet pills or cleanses, or are you currently on one? If yes, please describe.

How many meals do you eat per day?

If you skip meals, which ones and why?

Describe snacking habits. (Frequency, time of day, types of foods)

When you feel overwhelmed or busy do you neglect your eating habits? If yes, please explain

Do you eat and multi task (work, read, watch TV, drive)?

Please list usual time and typical intake for each meal:

**Breakfast**

**Lunch**

**Dinner**

**Snacks**

Where do you eat meals and who do you eat with?

Do you eat fast, slow, have food/table rituals, or eat in a pattern?

Do you like to cook or who prepares food? Who grocery shops in your household?

What foods do you enjoy and why?

What foods do you dislike and why?

Do you have fear foods or foods that you avoid for a specific reason? If yes, please describe.

Are there times you binge or feel out of control with your eating? If so, describe foods or situations.

If applicable, how many days have you binged in the past month? How many episodes per day?

Do you ever practice self-induced vomiting? If yes, how often and age of onset?

Are there foods that feel “safe” or more comfortable to you?

Does your diet have a lot of variety?

**Exercise and Activity**

Do you have/have you ever had a consistent exercise routine?

If yes, tell me about your past relationship with exercise.

Describe your current relationship with exercise. Is it enjoyable, forced, etc?

**Body Image**

Do you weigh yourself? If yes, how frequently:

Do you body check, measure, etc?

(if you know)

Weight 12 moths ago \_\_\_\_\_\_\_\_\_\_\_ 6 months ago \_\_\_\_\_\_\_\_\_\_\_ 3 months ago\_\_\_\_\_\_\_\_\_

Usual body weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you feel about your current body?

**Please provide any other information you feel is important to get started:**