Anna Jones MS, RD, LD

Date _____

Full Name _____
Address _____
City, State _____
Zip _____
Phone _____
Email _____
Date of Birth _____
Age/Sex Female

Your occupation _____
Ave hrs worked per week _____
Marital status _____
# of Children & ages _____ _____
Primary physician _____
Referred by _____

GENERAL HEALTH

Height 5' 4" Weight _____ Goal Weight _____

Do you feel you need to lose weight? If yes, how much?

What one or two things would you like to change about your diet?

1 _____
2 _____

What are your main personal health concerns, in order of importance? (List top 3)

1 _____
2 _____
3 _____

Please describe your general health goals and any improvements you wish to make:

On a scale of 1 (Not ready) to 5 (Very ready), how ready are you to make lifestyle changes? 3
What if any diagnoses have you been given by a physician?

Other conditions or symptoms, such as digestion, lethargy, headaches, pain etc. that are bothering you?

List all medications you are currently taking, including prescription, over-the-counter, and vitamin supplements

Name of medication/supplement (brand)	Reason for taking

Daily stress level? (Very High / High / Moderate / Low) Moderate

How do you cope with stress in your daily life?

What is your usual bedtime? _____

When do you usually awaken? _____

Do you sleep soundly? Yes

Do you get constipated? If so, is it frequent? No / Yes

Do you smoke or use tobacco? No

What is your activity level?

- (•) Inactive no regular physical activity with a sit-down job.
- ( ) Light activity no organized physical activity during leisure time.
- ( ) Moderate activity occasionally involved in activities such as weekend golf, tennis, jogging, swimming or cycling.
- ( ) Heavy activity consistent lifting, stair climbing, heavy construction, etc., or regular participation in jogging, swimming, cycling or active sports at least three times per week.
- ( ) Vigorous activity participation in extensive physical exercise for at least 60 minutes per session 4 times per week.

NUTRITIONAL INFORMATION

How many times per day do you eat (including meals and snacks)? _____

Do you ever skip meals? Yes / No Which meal(s)? _____

How often do you skip that meal(s)? _____

Do you like to cook, or does someone cook for you? _____

How many times per week do you eat out? _____

Have you ever been on a modified diet (vegan/vegetarian; Atkins; weight watchers; raw food; etc)? Please list all:

Please list favorite foods/beverages that you consume on a fairly regular basis:

What are your favorite snack foods?

If you snack, when does this occur?

Do you have any food cravings? If so, list the foods.

Please list any food allergies/sensitivities/restrictions you have:

Food dislikes:

How many servings of fruit do you eat each day? _____

How many servings of vegetables each day? _____

How many glasses of water do you drink in a day? _____

When cooking meats, how are they usually prepared? _____

Do you use caffeine (coffee/soda)? Drinks per day or week? Yes

Do you drink alcohol? Drinks per day or week? Yes

Briefly, what is your relationship with food? (e.g.….Do you live-to-eat or eat-to-live?)

Do you read food labels?	Yes ◉	No ○
What do you look at on the label?		
Do the nutrition facts influence your decision to eat the food?	Yes ◉	No ○
Do you eat standing up?	Yes ◉	No ○
Do you eat in the car?	Yes ◉	No ○
Do you eat in front of the tv?	Yes ◉	No ○
Do you eat while reading, on the computer, etc.?	Yes ◉	No ○
Do you eat with others?	Yes ◉	No ○
Do you eat faster/slower than others?	About the same	
Do you eat when you are stressed?	Yes ◉	No ○
Do you eat when you are bored?	Yes ◉	No ○
Do you eat when you are anxious?	Yes ◉	No ○
Do you eat when you are lonely?	Yes ◉	No ○
Do you eat when you are not hungry?	Yes ◉	No ○
Do you know what hunger and fullness feel like?	Yes ◉	No ○

Do you have any specific nutrition topics you would like to learn more about?

In the following chart, describe when and what you usually eat and drink in a typical day.

Meal/Snack	Time	Foods Eaten/Beverages	Servings/Portion Size

I look forward to our consultation and the opportunity to work with you!

Please save the completed form to your desktop, attach it to an email and send it to anna@annajonesrd.com

Thank You!

Anna