

## Dietary/Nutrition Assessment Form

### General Information:

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

SEX: \_\_\_M \_\_\_F BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_

FEMALES: ARE YOU PREGNANT? YES / NO IF SO: DUE DATE: \_\_\_/\_\_\_/\_\_\_

PHONE (BEST # TO REACH YOU): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OK TO NOTIFY YOU OF APPTS. , SPECIALS OR EVENTS VIA TEXT MESSAGING? YES / NO

IF SO, PLEASE PROVIDE CELL #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

OK TO SEND MEDICAL INFORMATION OR OTHER CORRISPONDENCE TO EMAIL: YES / NO

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Reason for diet/nutrition analysis:

I Just Want General Diet Guidelines to Stay Healthy\_\_\_\_\_

Disease/Risk Prevention\_\_\_\_\_

Weight Loss\_\_\_\_\_

Athletic Conditioning\_\_\_\_\_

Vegetarian/Partial Vegetarian Guidelines\_\_\_\_\_

Gluten Free Guidelines \_\_\_\_\_

Other \_\_\_\_\_

**Disease or Condition You'd Like to Control (Now or Future) with Diet/Supplementation:**

Diabetes\_\_\_\_ Cardiovascular\_\_\_\_ ADHD\_\_\_\_ High Blood Pressure\_\_\_\_ High Cholesterol\_\_\_\_

Gluten Intolerance\_\_\_\_ Allergy\_\_\_\_ Digestion/Gall Bladder/Pancreas\_\_\_\_ Skin\_\_\_\_

Memory\_\_\_\_

Other\_\_\_\_\_

\_\_\_\_\_

**Diseases or conditions Currently Dealing with** in which you would like addressed by diet/nutrition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you like a detailed analysis** including recommended dietary allowance (food and supplementation) and energy requirements for your age and weight?

No \_\_\_\_\_ (Just an Outline on what to eat and supplements for my health concern)

Yes \_\_\_\_\_

How detailed would you like? \_\_\_\_\_

*Health History*

**Current Health Status:** Excellent\_\_\_\_ Good\_\_\_\_ Poor\_\_\_\_

**Brief Health History:**

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***Prescriptions Drugs Currently Taking:***

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***Goal:***

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# Four Day Diet Analysis

Please keep track of everything you eat or drink for a four (4) day period. By doing so Dr. Green will be able to better understand not only what you eat but if you are getting the recommended dietary intake and energy requirements for your age and activity levels. Also, if you have a health condition Dr. Green will be able to access additional foods and/or supplementation you will require.

## DAY 1

### **Breakfast:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>
<i>Ex: protein bar</i>	<i>130</i>	<i>2</i>	<i>26</i>	<i>3</i>	<i>10</i>	<i>3</i>	<i>1bar</i>

### **Lunch:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

### **Snacks:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Dinner:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Supplements/Other:**

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**DAY 2**

**Breakfast:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Lunch:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Snacks:**

<i>Food/Drink</i>	<i>Calories</i>	<i>Fat(g)</i>	<i>Carbs(g)</i>	<i>Fiber(g)</i>	<i>Sugars(g)</i>	<i>Protein(g)</i>	<i>Quantity</i>

**Dinner:**

<i>Food/Drink</i>	<i>Calories</i>	<i>Fat(g)</i>	<i>Carbs(g)</i>	<i>Fiber(g)</i>	<i>Sugars(g)</i>	<i>Protein(g)</i>	<i>Quantity</i>

**Supplements/Other:**

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**DAY 3**

**Breakfast:**

<i>Food/Drink</i>	<i>Calories</i>	<i>Fat(g)</i>	<i>Carbs(g)</i>	<i>Fiber(g)</i>	<i>Sugars(g)</i>	<i>Protein(g)</i>	<i>Quantity</i>

**Lunch:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Snacks:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Dinner:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

**Supplements/Other:**

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## **DAY 4**

### **Breakfast:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

### **Lunch:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

### **Snacks:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

### **Dinner:**

<b>Food/Drink</b>	<b>Calories</b>	<b>Fat(g)</b>	<b>Carbs(g)</b>	<b>Fiber(g)</b>	<b>Sugars(g)</b>	<b>Protein(g)</b>	<b>Quantity</b>

***Supplements/Other:***

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