



Center for Nutrition & Diabetes Care

NUTRITION HISTORY

Please provide the following information so that your dietitian can help you with a healthy meal plan.

Name _____ Date _____

Age _____ Male _____ Female _____ Height _____ Weight _____

Usual Weight _____ Goal Weight _____ Recent Weight loss/gain? _____

Medications: (please write below OR attach current list)

Vitamins/Minerals (calcium?)/Herbal Supplements? _____

Allergies/Food Intolerances? _____

How often do you dine out? _____

Do you drink alcoholic Beverages? _____ How much/how often? _____

How many times per week do you eat the following foods?
fresh fruits _____ Vegetables /Salad _____ Milk/Yogurt _____
Whole grain bread/cereals/pasta _____

What do you do for exercise? _____

How many minutes? _____ How many times per week? _____
PLEASE COMPLETE OTHER SIDE

RECORD YOUR USUAL FOOD INTAKE

Please record the time, amounts and types of food eaten below:

Breakfast: I usually eat at: _____ o'clock I eat breakfast: _____ days/week

One breakfast I often eat is: _____

Another breakfast I sometimes eat is: _____

Midmorning snack: I usually eat at: _____ o'clock I eat this snack: _____ days/week

The snacks I often eat are: _____

Lunch: I usually eat at: _____ o'clock I eat lunch: _____ days/week

One of the lunches I often eat is: _____

Another lunch I sometimes eat is: _____

Afternoon snack: I usually eat at: _____ o'clock I eat this snack: _____ days/week

The snacks I often eat are: _____

Evening meal: I usually eat at: _____ o'clock I eat this meal: _____ days/week

One of the evening meals I often eat is: _____

Another evening meal I sometimes eat is: _____

Evening snack: I usually eat at: _____ o'clock I eat this snack: _____ days/week

The snacks I often eat are: _____

What are your specific food related questions? _____
