



Pregnancy & Diabetes: NUTRITION HISTORY

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

Name _____ Date _____

Age _____ Weeks of pregnancy _____ Due Date _____

Height _____ Current Weight _____ Pre-pregnancy Weight _____

Vitamin/Minerals/Herbal Supplements: Prenatal Calcium Vitamin D Iron

Other _____

Have you had weight loss surgery? Yes No Type? _____ When? _____

What do you do for exercise? _____

How often during the week? _____ How many minutes? _____

Food Allergies? _____

Special Dietary Needs: Vegetarian: Type _____

Gluten Free Lactose Intolerance Low Fat Low Sodium

How many times a week do you eat the following foods?

Fresh Fruits _____ Vegetables/Salad _____ Milk/Yogurt _____

Whole grain Bread/Cereals/Pasta _____

What do you drink at meals? _____ During the day? _____

How many meals do you eat daily? Breakfast Lunch Dinner

How often do you snack? Morning Afternoon Evening Never

What types of snacks do you eat? _____