

**Kendall Anderson Nutrition Center
Nutrition Assessment Form**

Name: _____ DOB: _____ Age: _____ Date: _____

Medical

Reason for nutrition counseling: _____

Current diagnosis, if applicable: _____

Current medications: _____

Physician or medical provider: _____

Medical history: _____

Family medical history: _____

Pertinent laboratory values: _____

Physical Status

Height: _____

Weight: _____

Usual adult body weight: _____ (Highest _____ at age _____) (Lowest _____ at age _____)

FOR OFFICE USE

Measured Height: _____

Percent Body Fat: _____

Measured Weight: _____

Waist circumference: _____

BMI: _____

Lifestyle

Exercise: Yes / No If yes, how often? _____ Type: _____

Other Physical Activity: _____

Tobacco: _____

Alcohol: _____

Diet

Vitamin and mineral supplements: _____

Weight loss, herbal or sports supplements: _____

Food allergies: _____

Food dislikes: _____

Describe your daily eating habits:

How often do you eat at restaurants or consume take-out or fast food?

Describe your typical eating environment (e.g. alone, with a spouse or roommate, in car, at desk):

What is your primary goal for your nutrition counseling experience?

Dietary Intake

<i>Food Groups</i>	<i># Servings per day</i>	<i># Servings per week</i>
Breads, cereal, pasta, rice, other grains		
Fruits		
Vegetables		
Milk, cheese, yogurt		
Meat, poultry, fish, eggs		
Lentils, beans, tofu		
Peanut butter, nuts		
Fats such as margarine, mayonnaise, sour cream		
Oils		
Fried foods or salty snack foods such as chips		
Desserts		

<i>Products</i>	<i># Servings per day</i>	<i># Servings per week</i>
Sweet beverages such as soda or fruit drinks		
100% fruit juice		
Alcohol		
Water		
Caffeine beverages such as soda, coffee, tea, or energy drinks		
Sports products such as drinks or bars		
Chewing gum		

Behaviors Past or Present

<i>Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Frequency</i>	<i>Most recent</i>
Count calories				
Count fat grams				
Dieting				
Diet pills				
Binge eating				
Fat restriction				
Fluid restriction				
Discomfort with your body size				
Other				