THE CENTER for Health Improvement HAYSMED

Nutrition Coaching Assessment

MEDICALFITNESS Association Certified Medical Fitness Facility

To Help People, Get Well Sooner... Stay Well Longer

A Registered Dietitian is available for Nutrition Coaching at The Center for Health Improvement. In order to give you the most effective coaching, please answer the following questions and provide the completed sheet to the staff at the front desk of The Center. **Please also complete the attached 3 day intake log and bring it along with your medication list to your scheduled appointment with the dietitian.** We look forward to meeting you and assisting you in achieving your goals.

Name:_____ **Gender:** Male Female

Address:_____ **Date of Birth:**_____

E-mail Address:_____ **Phone Number:**_____

Height:_____ **Weight:**_____ **Primary Care Physician:**_____

On a scale from 1-10 with 1 being least and 10 being most, what is your readiness/willingness level for making nutrition and physical activity healthy lifestyle change a priority in your life?_____

Reason for Consultation:_____

_____

Goal(s):_____

_____

On a scale of 1-10 with 1 being least and 10 being most, how important is it to manage your condition?_____

On the same scale, how confident are you that you can manage your condition?_____

Weight History:_____

_____

Have you had a weight change in the past year? Gain/Loss/No Change **Amount:**_____ **Time Frame:**_____

Pertinent Medical History:_____

_____

Environmental Issues (schedule, stress, finances, support system)? Yes No

If yes, explain:_____

How do you handle stress (circle all that apply)? Eat/Sleep/Exercise/Pray or seek spiritual guidance

Other:_____

How many hours sleep do you get in a 24 hour period?_____

Do you use tobacco? Yes No If yes, amount/day and type:_____Quit Date:_____

Exercise Habits:_____

_____

How would you generally describe your eating habits? Excellent/Good/Fair/Poor

Current Eating Pattern: Number of meals eaten/day:_____ Number of snacks eaten/day:_____

Approximate Times: Breakfast_____AM/PM Snack_____AM/PM

Lunch_____AM/PM Snack_____AM/PM

Supper_____AM/PM Snack_____AM/PM

Number of meals eaten away from home/week:_____Where?_____

Beverage intake per day (type and amount):_____

Caffeine intake per day/week (type and amount):_____

Alcohol intake per day/week/month (circle one):_____Type/amount:_____

Do you read labels? Yes No **Rate your label reading knowledge:** Excellent/Good/Fair/Poor

How is your food prepared (circle all that apply)? Baked/Broiled/Boiled/Grilled/Fried/Steamed

Describe your portions: Small/Medium/Large

How does mood/stress affect your eating habits? Eat more/Eat Less/Eat without realizing it/Doesn't affect

Food allergies/sensitivities: Yes No If yes, list:_____

Dietary Limitations/Obstacles (dislikes, cultural/religious/ethnic preferences): Yes No

If yes, list:_____

Are you being abused? Yes No If yes, type:_____

Rate your health: Excellent/Good/Fair/Poor **Have you seen a dietitian in the past?** Yes No

The Center for Health Improvement requires that clients give a minimum of 24 hours notice for appointment cancellations. Clients will be charged for missed appointments.

Please return this form to the Front Desk.

For Office Use Only:

Date sent to dietitian:_____ Appointment scheduled for:_____

THE CENTER for Health Improvement HAYSMED

To Help People
Get Well Sooner
And Stay Well Longer

MEDICAL FITNESS Association
Certified
Medical Fitness Facility

Nutrition Coaching Intake Log

Before visiting the dietitian, write down everything you eat and drink for three days. Choose two weekdays and one weekend day.

Date/Time	Place	Food or Drink	Amount	Comments
	Where did you eat?	Be specific. Instead of "chicken" tell which pieces and how it was cooked.	12-oz. can, 1 slice, 1 cup, etc.	Write things that you think may help the dietitian understand how you eat and why.

The Center for Health Improvement requires that clients give a minimum of 24 hours notice for appointment cancellations. Clients will be charged for missed appointments.

Please bring this form to dietitian appointment.