

Nutrition Coaching Assessment



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 food intake log and bring it with you to your scheduled appointment with the dietitian.** We look forward to meeting you and assisting you in achieving your goals.

Name: _____

E-mail Address: _____ Phone Number: _____

Primary Care Physician: _____

Date of Birth: _____ Gender: Male Female Height: _____ Weight: _____

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 change a priority in your life? _____

Reason for Consultation:

Goal(s):

Weight History:

Have you had a weight change in the past year? Gain Loss No Change

Amount: _____ Time Frame: _____

Pertinent Medical History:

I take medications for (check all that apply):

Weight Loss High Cholesterol High Blood Pressure Diabetes Gastrointestinal Issues

Vitamin and Mineral Supplements: _____

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

If yes, explain:

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

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

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: _____

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: _____

