

## Nutrition History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Height (if known): \_\_\_\_\_

Current weight: \_\_\_\_\_ Desired weight: \_\_\_\_\_

Contact information: \_\_\_\_\_

What is the reason for your appointment with the dietitian (example: weight loss, training for a marathon, medical condition, etc)?

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Are you a vegetarian (if so what foods do you omit from your diet)?

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How long have you been at your current weight?

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If your weight has changed, please describe what you did to gain or lose weight. Over what period of time did these changes occur?

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Do you cook for yourself (do you live in the barracks where equipment may be limited)?

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Do you take any supplements or vitamins/minerals (if so what are they)?

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Do you take any medications (if so what are they)?

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How often to you eat out? \_\_\_\_\_ times a week.

Describe a typical week of physical activity (type of exercise, duration, intensity).

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On a scale of 1 to 10 (1=not ready and 10 = very ready), how ready are you to make a dietary change? \_\_\_\_\_

On a scale of 1 to 10 (1= not ready and 10 = very ready), how confident are you to make a change? \_\_\_\_\_

Who referred you to the Registered Dietitian (example: self, command-please give OIC's name)? \_\_\_\_\_

How did you find out about this service being made available to you (example: command, website, nutrition workshop, unit brief, word of mouth)?

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*Below question is for Active Duty only:*

Are you on the Body Composition Program or Fitness Enhancement Program?

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