



## NUTRITION EDUCATION CONSULTATION INTAKE FORM

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

Date of Birth: \_\_\_\_\_

### Questionnaire:

- 1) Briefly describe your goals for our consultation today. What would you like help with? What are you hoping to change?

\_\_\_\_\_  
\_\_\_\_\_

- 2) Do you have any food allergies?

\_\_\_\_\_

- 3) Do you have any diseases, conditions or illnesses that affect your eating habits?

\_\_\_\_\_

- 4) What would be helpful to know about your health, your relationship with food so far?

\_\_\_\_\_

- 5) What does a typical day of eating look like for you?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks throughout the day: \_\_\_\_\_

Disclaimer: I earned a certificate in Plant-Based Nutrition from The T. Colin Campbell Center for Nutrition Studies through Cornell University. I am not able to claim to diagnose, treat or cure any health concerns. You should always check with your doctor before implementing any changes to your diet and lifestyle. I am able to supply you with information about nutrition. I am not able to provide you with specific meal plans as a dietitian would be able to do. **Your dated signature below acknowledges your understanding of this Disclaimer.**

Signature: \_\_\_\_\_

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