



\*Please provide your legal name (i.e. full name as listed on your social security card, passport, or driver's license).

<b>Patient Information</b>	Last Name* _____		First Name* _____		M.I. _____
	Nickname (if applicable) _____				
	Address _____				
	City _____		State _____		Zip Code _____
	Date of Birth ____/____/____		Age _____		Home # (____) _____
	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				Work # (____) _____
Height: _____' _____''		Weight : _____		Cell # (____) _____	
				E-Mail _____	

<b>Diet Profile</b>	Referred by: _____	
	What is the main reason you have come to a nutritionist?	
	<input type="checkbox"/> To lose weight before pregnancy	<input type="checkbox"/> I have a GI disorder
	<input type="checkbox"/> To gain weight before pregnancy	<input type="checkbox"/> I have PCOS
	<input type="checkbox"/> For general health and well being	<input type="checkbox"/> Other: _____
Have you tried any of the following diets? (Check all that apply)		
<input type="checkbox"/> Atkin's	<input type="checkbox"/> The Zone	
<input type="checkbox"/> Jenny Craig	<input type="checkbox"/> Weight Watchers	
<input type="checkbox"/> Nutrisystem	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> South Beach		
Please list the names of any nutritionists you have seen in the past and reason for visit(s): <input type="checkbox"/> Not applicable		
Name: _____	Reason: _____	
_____	_____	
_____	_____	
<b>Dietary restrictions</b> Mark those items you cannot or choose not to eat:		
<input type="checkbox"/> Chicken	<input type="checkbox"/> Cheese	
<input type="checkbox"/> Fish (all types)	<input type="checkbox"/> Cottage cheese	
<input type="checkbox"/> Pork	<input type="checkbox"/> Dairy (all types)	
<input type="checkbox"/> Poultry (all types)	<input type="checkbox"/> Eggs	
<input type="checkbox"/> Red meat	<input type="checkbox"/> Nuts	
<input type="checkbox"/> Salmon	<input type="checkbox"/> Tofu	
<input type="checkbox"/> Shellfish	<input type="checkbox"/> _____	
<input type="checkbox"/> Smoked Salmon	<input type="checkbox"/> _____	
<input type="checkbox"/> Tuna	<input type="checkbox"/> _____	
<b>Dietary preferences</b> List foods/ cuisines you like to eat:		



<b>Medical Profile</b>	Please list the name of all physicians you see regularly, and list their specialty	
	Name:	Specialty:
	_____	_____
	_____	_____
	_____	_____
Please list all prescription medications you are currently taking:		Please list all vitamins, minerals, and herbs you are currently taking:
_____		_____
_____		_____
_____		_____
Family history (mark all that apply):		Months attempting pregnancy: _____ months <input type="checkbox"/> N/A
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension		
<input type="checkbox"/> Heart disease <input type="checkbox"/> Other: _____		

<b>Lifestyle Profile</b>	How many days per month do you travel? _____/mth		How many dinners per week do you eat out? _____/wk	
	How many hours per week do you work? _____/ wk		Who does the food shopping in your household? _____	
	Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes		Detail amount: _____	
	Do you drink alcoholic beverages? <input type="checkbox"/> No <input type="checkbox"/> Yes		_____/ wk	
	Do you exercise regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes		_____/ wk	
	Do you belong to a health club? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please indicate which one below):			
<input type="checkbox"/> Chelsea Piers <input type="checkbox"/> Equinox				
<input type="checkbox"/> Crunch <input type="checkbox"/> New York Health & Racquet Club <input type="checkbox"/> Other: _____				
Have you ever been diagnosed with any of the following conditions? (Check all that apply)		Are you concerned about any other medical conditions (that you currently have or is in your family)?		
<input type="checkbox"/> Diabetes				
<input type="checkbox"/> Heart Disease				
<input type="checkbox"/> Hypertension				
<input type="checkbox"/> PCOS				



*Please detail, to the best of your ability, a typical weekday and weekend day diet.*

<b>24-hour diet history</b>		<b>Weekday</b>	<b>Weekend Day</b>
	<b>Breakfast</b> Time:		
	<b>Snack</b> Time:		
	<b>Lunch</b> Time:		
	<b>Afternoon Snack</b> Time:		
<b>Dinner</b> Time:			