Patient Nutrition History Form

Name: _____ Age:_____ Sex: M F

Nutrition Evaluation:

1. Present Weight: _____ Height (no shoes): _____ **Desired (goal)** Weight: _____
2. In what time frame would you like to be at your desired weight? _____
3. Birth Weight: _____ Weight at 20 years of age: _____ Weight one year ago: _____
4. What is the main reason for your decision to lose weight? _____
5. When did you begin gaining excess weight? (Give reasons, if known): _____

   _____
6. What has been your maximum lifetime weight (non-pregnant) and when?_____
7. Previous diets you have followed: Give dates and results of your weight loss:

8. Have you ever taken any weight loss medication? Yes No. If so, when? _____
   Which one (s)? Phentermine Phendimetrazine Diethylpropion Belviq Contrave Qsymia Saxenda Others?_____
9. Is your spouse, fiancee or partner overweight? Yes No
9. Do any children have weight issues? Yes No Comments: _____
10. How often do you eat out? _____
11. What restaurants do you frequent?_____
12. How often do you eat "fast foods?"_____
13. Who plans meals? _____ Cooks? _____ Shops? _____
14. Do you use a shopping list? Yes No
15. What time of day and on what day do you usually shop for groceries? _____
16. Food allergies: _____
17. Food dislikes: _____
18. Food(s) you crave: _____

19. Any specific time of the day or month do you crave food? _____

20. Do you drink coffee or tea? Yes No How much daily? _____

21. Do you drink cola/soda drinks? Yes No How much daily? _____

Do you drink juice drinks? Yes No How much daily? _____

22. Do you drink alcohol? Yes No

What? _____ How much daily? _____ Weekly? _____

23. Do you use a sugar substitute? _____ Butter? _____ Margarine? _____

24. Do you awaken hungry during the night? Yes No

What do you do? _____

25. What are your worst food habits? _____

26. Snack Habits:

What? _____ How much? _____ When? _____

_____ _____ _____

27. When you are under a stressful situation at work or family related, do you tend to eat more? Explain:

_____

_____

28. Do you thing you are currently undergoing a stressful situation or an emotional upset? Explain:

_____

_____

29. Smoking Habits: **(answer only one)**

____ You have never smoked cigarettes, cigars or a pipe.
____ You quit smoking ____ years ago and have not smoked since.
____ You have quit smoking cigarettes at least one year ago and now smoke cigars or a pipe without inhaling smoke.
____ You smoke 20 cigarettes per day (1 pack).
____ You smoke 30 cigarettes per day (1-1/2 packs).
____ You smoke 40 cigarettes per day (2 packs).

30. Typical Breakfast Typical Lunch Typical Dinner

_____ _____ _____
_____ _____ _____
_____ _____ _____

Time eaten: _____	Time eaten: _____	Time eaten: _____
Where: _____	Where: _____	Where: _____
With whom: _____	With whom: _____	With whom: _____

31. Describe your usual energy level: _____

32. Activity Level: **(answer only one)**
    - ____ Inactive—no regular physical activity with a sit-down job.
    - ____ Light activity—no organized physical activity during leisure time.
    - ____ Moderate activity—occasionally involved in activities such as weekend golf, tennis, jogging, swimming or cycling.
    - ____ Heavy activity—consistent lifting, stair climbing, heavy construction, etc., or regular participation in jogging, swimming, cycling or active sports at least three times per week..
    - ____ Vigorous activity—participation in extensive physical exercise for at least 60 minutes per session 4 times per week.

33. Behavior style: **(answer only one)**
    - ____ You are always calm and easygoing.
    - ____ You are usually calm and easygoing.
    - ____ You are sometimes calm with frequent impatience.
    - ____ You are seldom calm and persistently driving for advancement.
    - ____ You are never calm and have overwhelming ambition.
    - ____ You are hard-driving and can never relax.

34. Please describe your general health goals and improvements you wish to make: _____

_____

_____

_____

This information will assist us in assessing your particular problem areas and establishing your medical management. Thank you for your time and patience in completing this form.