

# Health Concepts Nutrition Therapy



Denise Barratt MS, RD, LDN

## Nutrition Assessment

Full name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ zip: \_\_\_\_\_

phone \_\_\_\_\_ (home) \_\_\_\_\_ (Work) \_\_\_\_\_ (cell)

pager: \_\_\_\_\_ fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Social Security number: \_\_\_\_\_ HIC#: \_\_\_\_\_

Name of your primary care physician: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

State your reasons for seeking medical nutrition therapy: \_\_\_\_\_  
\_\_\_\_\_

Primary insurance provider: \_\_\_\_\_

Insurance number: \_\_\_\_\_

Primary policy holder other than patient's name: \_\_\_\_\_

Address if different from above: \_\_\_\_\_  
\_\_\_\_\_

Secondary insurance carrier: \_\_\_\_\_

Have you had Medical Nutrition Therapy before: \_\_\_\_\_ yes \_\_\_\_\_ no

If so when? \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Questions:

1. Do you have any dietary preferences or restrictions that may limit your food choices? If yes what? \_\_\_\_\_  
\_\_\_\_\_





1. On most days how many meals and snacks do you eat each day?
2. How many meals a week are prepared at home? Who does the preparation?
3. How many meals are eaten out each week (this includes commercial food service, restaurant, deli or fast food provider)?
4. Where do you eat out?
5. How many days a week do you eat breakfast?
6. How often do you eat a meal or snack less than 2 hours before bedtime? \_\_\_\_\_ everyday \_\_\_\_\_ most days  
\_\_\_\_\_ some days-----Rarely \_\_\_\_\_ never
7. How do you rate your appetite or desire for food?
8. What problems do you have trying to eat healthy?
9. How often do you stop eating after you feel that you have eaten enough?
10. Binging is the loss of control by eating a large amount of food over a short period of time. Do you ever binge? \_\_\_\_\_  
If yes, how many times a week? \_\_\_\_\_
11. How many 8 ounce cups of water or non-caffienated beverages such as juice do you have on most days (do not include tea, coffee, beer or alcoholic beverages)?
12. How many caffienated beverages do you drink each day? (please include coffee, espressos, lattes, or caffienated soft drinks) \_\_\_\_\_
13. Have you had alcohol over the last 6 months? \_\_\_\_\_
14. If yes, how many drinks of beer, wine, liquor do you have per week? (one drink is 3-5 ounce wine, 10 ounce wine cooler, 12 ounce beer, or 1.5 ounce liquor) \_\_\_\_\_

**15. How much milk do you drink a day?**

**16. What type of milk do you choose?**

**17. When you choose foods, how many times a week do you choose hamburgers, sausages, luncheon meat, marbled beef, sour cream, cheese, eggs, butter, pastry, ice cream, full-fat dairy products, chocolate, fried foods and fast foods:**

- \_\_\_\_\_ Choose these nearly all the time
- \_\_\_\_\_ Choose at least once a day
- \_\_\_\_\_ Choose 3-4 times a week
- \_\_\_\_\_ Choose less than once a week

**18. When you choose foods, how many times a week do you choose lean meats, skinless poultry, fish, low fat dairy, products, fruit, desserts, vegetables, pasta and legumes (beans and peas):**

- \_\_\_\_\_ Choose these nearly all the time
- \_\_\_\_\_ Choose at least once a day
- \_\_\_\_\_ Choose 3-4 times a week
- \_\_\_\_\_ Choose less than once a week

**Please answer the following as not at all, occasionally, moderately, quite often, or majority of the time**

**19. How often do you add salt to foods?**

**20. How often do you eat foods such as soy sauce, pickles, canned meats, salted nuts, potato or corn chips?**

**21. How often do you choose whole wheat bread or pasta, high-fiber breakfast cereal or brown rice?**

**22. Please list vitamin pills such as Vitamin C, calcium or other nutrient supplements that you take \_\_\_\_\_**

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**23. Please select which of the following describes your current activity level on most days:**

- \_\_\_\_\_ Very light, \_\_\_\_\_ light, \_\_\_\_\_ moderately active, \_\_\_\_\_ very active, \_\_\_\_\_ vigorously active

**22. How much do you spend in moderate (walking, easy cycling, swimming, active gardening and gym workouts) or vigorous (jogging, running, active sports, heavy labor) physical activity a week?**

**I am not physically active on a regular basis**

**I do moderate activity less than 30 minutes at least 1-3 days a week**

**I do moderate activity for less than 30 minutes at least 4-7 days a week.**

**I do moderate activities at least 30 minutes at least 1-3 times a week.**

**I do moderate activities at least 30 minutes at least 4-7 days a week.**

**I do vigorous activities for 30 minutes or more at a time at least 3 days of the week.**

**24. Has a doctor ever told you to restrict or limit physical activity or exercise?**

**25. Do you smoke cigarettes every day? \_\_\_\_\_ If so, how many do you have?**

**26. Do you use other tobacco products?**

**27. Have you had an extra stressful event over the last year?**

**28. Good nutrition habits consist of eating a variety of food groups and limiting excess fat, alcohol or calories.**

**What is the current intention at this time to adopt good nutrition habits?**

**I am not planning to adopt any new nutrition or dietary habits this year.**

**I am planning to start making improvements in my nutrition and dietary habits in the next six months.**

**I am planning to start making improvements in my nutrition and dietary habits in the next 30 days.**

**I have adopted good nutrition and dietary habits and maintained them for less than 6 months.**

**I have adopted good nutrition and dietary habits and maintained them for more than 6 months.**

## **Medical History:**

**1. What medical conditions do you and your immediate relatives have?**

**2. Do you have food allergies? If so, what are they?**

**Height:\_\_\_\_\_Weight:\_\_\_\_\_waist circumference:\_\_\_\_\_**

**3. How much weight have you gained over the last year?**

**4. How much weight have you lost over the last year?**

**5. Lab Values (please include if you have this information)**

**Blood Glucose:**

**Hemoglobin A1C:**

**Blood pressure:**

**Cholesterol:**

**LDL cholesterol:**

**HDL cholesterol:**

