

Name: _____

Why have you decided to come for nutritional/exercise program at this time?

Please list any food or drink with calories you have consumed in the past 24-hours: You do not need to list water, diet soda, plain coffee or plain tea.

Meal or Snack Time Place What & How Much

1 st Meal			
Snack			
2 nd Meal			
Snack			
3 rd meal			
Snack			
Other			

Who prepares meals in your home?

How many meals do you eat away from home on weekdays? Breakfast _____ Lunch _____
 Evening Meal _____

How many meals do you eat away from home on weekends? Breakfast _____ Lunch _____
 Evening Meal _____

List restaurants where you often eat: _____

Do you exercise now? No__ Yes__ If yes, what do you do, and how often? _____

Is there any reason why you cannot or should not exercise? If so explain. _____

Has your weight changed in the last year? No__ Gained _____ lbs Lost _____ lbs

In the last 3-months No__ Gained _____ lbs Lost _____ lbs

What do you think is a realistic weight for you? _____

Do you currently take any medications? If yes list them:

Have you ever tried medicine to lose weight? If yes what? _____

What kinds of diets and or surgeries have you tried to lose weight? If any. _____

Do you currently take vitamins or minerals? If yes, list the names and amounts you take. _____

Do you use any other dietary supplements on a regular basis? Including fiber tablets/powder, garlic pills, herbs, DHEA, etc... Please list the supplements and amounts. _____

