



THE NUTRITIOUS WAY

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NEW CLIENT FORM

Today's date:

CLIENT INFORMATION

Full name:	
Email address:	
Phone number:	
Date of birth:	
Height:	
Weight:	
Sex:	
Occupation:	
Do you have children? If so, how old are they?	
Are you pregnant? If so, when is your due date?	
Do you smoke?	

HEALTH GOALS:

Have you seen a nutritionist / dietician before?

Why would you like to see a nutritionist?

My food and nutrition-related goals are...

My overall health goals are...

If I could change three things about my health and nutritional habits, they would be...

The biggest challenge(s) to reaching my nutrition goals is/are:

In the past, I have tried the following techniques, diets, behaviors, etc. to reach my nutrition goals...

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness / willingness to do the following:

To improve your health, how ready/willing are you to...

	1	2	3	4	5
Significantly modify your diet					
Take nutritional supplements each day					
Keep a record of everything you eat each day					
Modify your lifestyle (ex: work demands, sleep habits, physical activity)					
Practice relaxation techniques					
Engage in regular exercise/physical activity					
Have periodic lab tests to assess your progress					

HEALTH HISTORY:

Do you have any dietary requirements?

Do you have any allergies / intolerances?

Are there any foods you really dislike?

How much alcohol do you drink each week?

How often do you undertake physical exercise?

What type of exercise do you undertake?

Do you have any recent changes to your weight?

How is your digestive health?

Please could you note any medical history. Have you had any recent surgeries / tests / illness / investigations etc?

Is there anything else I should know about?

MEDICATION, SUPPLEMENT, AND ANTIBIOTIC INTAKE: Please provide the names of medications, supplements, and/or antibiotics that you are currently taking:

Medication/Supplement/ Antibiotic	Dose Units	Frequency	Start Date	Stop Date
<i>Example: One-a-Day (brand) Men's Multivitamin</i>	<i>1200 Mg</i>	<i>Daily</i>	<i>08/12/2007</i>	<i>current</i>