

# New Patient Nutrition Consultation



## NUTRITION SERVICES



(receptionist)

Reason for seeing dietitian: \_\_\_\_\_  
\_\_\_\_\_

Gender:  M  F

Please check any symptoms you are currently experiencing:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Change of appetite |
| <input type="checkbox"/> Unexplained weight gain | <input type="checkbox"/> Constipation              | <input type="checkbox"/> Binge eating       |
| <input type="checkbox"/> Difficulty swallowing   | <input type="checkbox"/> Heartburn                 | <input type="checkbox"/> Boredom eating     |
| <input type="checkbox"/> Difficulty chewing      | <input type="checkbox"/> Stomach or abdominal pain | <input type="checkbox"/> Depression         |
| <input type="checkbox"/> Nausea                  | <input type="checkbox"/> Excess gas                | <input type="checkbox"/> Stress             |
| <input type="checkbox"/> Vomiting                |  |   |

Food allergies/intolerances, please list: \_\_\_\_\_  
\_\_\_\_\_

Are you currently following any special diet?  No  Yes

If yes, describe: \_\_\_\_\_

List any previous diets you have used: \_\_\_\_\_  
\_\_\_\_\_

How many meals a day do you eat? \_\_\_\_\_

Who prepares your meals? \_\_\_\_\_

Who does the grocery shopping? \_\_\_\_\_

How often do you eat away from home? \_\_\_\_\_ times per  
 day  week  month  year

List restaurants where you eat regularly: \_\_\_\_\_  
\_\_\_\_\_

How much alcohol do you drink? No. of drinks: \_\_\_\_\_ per  
 day  week  month  year

Do you exercise?  No  Yes If yes, describe type & amount: \_\_\_\_\_  
\_\_\_\_\_

### DIETITIAN USE ONLY

Continue on 2nd page

Age: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Desired Wt: \_\_\_\_\_

**DIETITIAN USE ONLY**

Please list your current prescription and over-the-counter drugs: \_\_\_\_\_

SBGM:

FBG:

Other:

Low:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BMI:

R. Wt: \_\_\_\_\_ %:

BEE: Maintenance: Rec:

\_\_\_\_\_

A:

Vitamins/Minerals: (include amount if known) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PE:

Herbal or other nutrition supplements: (include amount if known) \_\_\_\_\_

\_\_\_\_\_

With whom do you live? \_\_\_\_\_

P: D:

Number and ages of children at home: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you have completed 3 days of food records, please give them to the dietitian with this form. If you did not complete food records, please describe your usual food intake below.

TIME	FOOD
Early morning _____ AM	_____
Mid Morning _____ AM	_____
Mid Day _____ AM or PM	_____
Afternoon _____ PM	_____
Evening _____ PM	_____
Night-time _____ PM	_____
Usual beverages	_____

E:

O:

F/U: \_\_\_\_\_ wks, mo, TC, PRN, cls

q \_\_\_\_\_ wks

Time: 15 30 45 60 75 90

Review: \_\_\_\_\_

D#: \_\_\_\_\_

# Food and Beverage Log for 3 Days



NUTRITION SERVICES



To get the most from your appointment with the dietitian please record what you eat and drink for 3 *typical* days. These should not be “perfect” days or how you think you should eat but rather an accurate record of your actual food and beverage intake. Please bring the completed forms to your appointment with the dietitian.

1. Please write down everything that you eat or drink for 3 *days* on the attached forms. Write food eaten in one day *only* on each page. Write one food only on each line.
2. Write down what you eat or drink at the time that you eat it. Recalling your food intake several hours or days later is highly inaccurate. Include as much detail as possible.

Instead of listing “sandwich”, list on separate lines, the kind and size of bread, the kind of filling and anything spread on the bread

Instead of listing “chicken”:, write the part of the chicken: (breast, leg, etc or light or dark meat), how its cooked: fried, baked, BBQ, etc and any sauce or breading on it.

If you ate a standardized food such as a fast food sandwich list the restaurant and the menu item, rather than listing each ingredient of the sandwich
3. Measure amounts of foods using a liquid measuring cup for liquids and a dry measuring cup for other foods such as cereal, rice, pasta, etc. Record the amount in the amount column.
4. Record the time (including AM or PM) that a meal or snack is eaten.
5. Indicate where the food is prepared. “H” for food made at home, “A” for foods prepared away from home in a restaurant, friend’s home, etc.
6. After each meal or snack draw a line across the page to indicate the end of the meal.





