The Portland Clinic

NUTRITIONAL SERVICES

New Patient Nutrition Consultation

DIETITIAN USE ONLY

Reason for seeing dietitian: _____

_____

Gender: ☐ M ☐ F

Please check any symptoms you are currently experiencing:

- ☐ Unexplained weight loss
- ☐ Unexplained weight gain
- ☐ Difficulty swallowing
- ☐ Difficulty chewing
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Heartburn
- ☐ Excess gas
- ☐ Stomach or abdominal pain
- ☐ Change of appetite
- ☐ Binge eating
- ☐ Boredom eating
- ☐ Depression
- ☐ Stress

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? How many snacks a day? _____

_____

Who prepares your meals? _____

Who does the grocery shopping? _____

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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? Number of drinks: _____ per

☐ day ☐ week ☐ month ☐ year

Do you exercise? ☐ No ☐ Yes If yes, describe type & amount: _____

_____

Age: _____ Ht. _____ Wt. _____ Desired Wt. _____

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

_____

_____

_____

_____

_____

Please bring all nutritional supplements that you take to your appointment.

Vitamins/Minerals: (include amount if known) _____

_____

_____

_____

_____

Herbal or other nutritional supplements: (include amount if known) _____

_____

_____

_____

DIETITIAN USE ONLY

SBGM:
FBG:
Other:
Low:

BMI:
R. Wt: %:
BEE: Maintenance: Rec:

A:

PE: MPG, HCG, Menu: B, L, D, S
Bev:

P: D:

E:

O:

F/U: _____ wks, mo, TC, PRN, cls
q _____ wks
Time: 15 30 45 60 75 90

With whom do you live? _____

_____

Number and ages of children at home: _____

_____

Your occupation: _____

Please note anything else that may affect your eating habits, or any specific questions you have.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DIETITIAN USE ONLY

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Food and Beverage Log for 3 Days

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.

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1. 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 it's 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.

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FOOD LOG

Name: _____ Date: _____

FOOD PREPARATION: (H) AT HOME (A) AWAY FROM HOME

TYPE OF DAY: WORK DAY _____ NON-WORK DAY _____

TIME	H/A	FOOD AND BEVERAGES	AMOUNT

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FOOD LOG

Name: _____ Date: _____

FOOD PREPARATION: (H) AT HOME (A) AWAY FROM HOME

TYPE OF DAY: WORK DAY _____ NON-WORK DAY _____

TIME	H/A	FOOD AND BEVERAGES	AMOUNT

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FOOD LOG

Name: _____ Date: _____

FOOD PREPARATION: (H) AT HOME (A) AWAY FROM HOME

TYPE OF DAY: WORK DAY _____ NON-WORK DAY _____

TIME	H/A	FOOD AND BEVERAGES	AMOUNT