

Last Name	First	MI
MRN		
(place patient label here)		

**Patient Name**

**Please answer the following questions. Save your document and print a copy to bring to your first appointment with the dietitian.**

**GENERAL INFORMATION**

Undergraduate  Graduate  What are you studying?

Have you ever seen a dietitian before? Yes  No  If yes, when?

What questions do you have for the dietitian?

Do you currently take any vitamins or supplements? Yes  No   
If yes, please list:

Where do you live?  
Residence halls  Off campus - alone  Off campus with roommates   
Off campus with family/spouse

**PHYSICAL ACTIVITY**

Do you currently exercise? Yes  No

How frequently do you exercise aerobically? \_\_\_\_\_ days/week for \_\_\_\_\_ minutes/day

What do you do for aerobic activity?

How frequently do you strength train? \_\_\_\_\_ days/week for \_\_\_\_\_ minutes/day

What do you do for leisure activities?

Do you have any exercise limitations? Yes  No   
If yes, please describe:

**DIETARY HABITS**

How would you rate your diet? Excellent  Good  Fair  Poor

Has your appetite changed within the past month? Yes  No   
If yes, please explain:

**DIETARY HABITS, continued**

Do you have any food allergies or food intolerances? Yes  No

If yes, please list:

Have you ever been on a diet? Yes  No

If yes, what diets have you tried?

Are you currently following a special diet (e.g., low fat, low salt)? Yes  No

If yes, what diet are you on?

Have you ever purposefully restricted food intake and obtained what you or others felt was an extremely low or unhealthy weight? Yes  No

If yes, please explain:

Have you ever thrown up, used laxatives, fasted or exercised for long periods of time to lose weight? Yes  No

If yes, please explain:

Who prepares your meals?

Where do you eat your meals?

With whom do you eat your meals?

How often do you eat fast food or go to a restaurant?

0-1 times/month  2-3 times/month  1-2 times/week   
3-4 times/week  5+ times/week

How often do you drink alcohol?

0-1 times/month  2-3 times/month  1-2 times/week   
3-4 times/week  5+ times/week

When you do drink, on average, how many servings of alcohol do you drink in one sitting (1 serving = 12 oz beer, 5 oz wine, 1 oz liquor)? serving(s)

Thank you for completing this questionnaire.

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Dietitian Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dietitian Signature \_\_\_\_\_ Date \_\_\_\_\_