



Lauren@nutri-savvy.com

www.nutri-savvy.com

Name: _____ E-Mail: _____
Address: _____ Phone: _____
Birth Date _____ Ht _____ Wt _____ Sex _____
Usual Weight _____ Goal Weight _____

Medical History: Do you/have you had any of the following health issues: Diabetes, Stroke, Heart Attack, High Blood Pressure, High Cholesterol, Other?

List any medications you are taking:

Do you take vitamins, minerals, herbs or other supplements?

Are you allergic to or intolerant to any foods?

Do you exercise regularly? _____ hours/day _____ days/week

Please describe any weight loss programs or plans you have tried in the past (include dates and lbs. lost):

What changes do you feel you need to make in the way you are eating now?:

Who prepares food in your home?:



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Do you eat on a schedule? How long do you wait b/w meals/snacks?

Do you eat breakfast? If so, what is a typical breakfast (please include approx. portion size).

Where do you eat your meals or snacks at home?:

Kitchen, Dining Room, In front of TV?

How often do you eat out and where? (Fast food, Café, Buffet, Cafeteria, Restaurant):

Do you know how many grams of protein you need per day? _____grams

Do you know what foods are considered carbohydrates? What are complex vs simple carbohydrates?

Please maintain a food diary of when you eat, what you eat and how much you eat (list approx. portion sizes) for 3 days. This is important as it will give a general idea of how well your current diet serves your health. With this information, I can provide a customized plan with your help to integrate your current lifestyle preferences with choices that will provide you with optimal health and vitality.

Thank you for taking the time to complete this survey. I look forward to working with you.

Sincerely,

Lauren O'Connor, MS, RD



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