

Health questionnaire

Completing this form before our appointment will save time during the session and allow us to maximize our time together.

Name: _____ Date of Birth: _____

Address: _____

Reason for seeking a nutrition consultation:

Where do you get most of your nutrition information? _____

List all the diets you have tried including commercial diets, diets from books, those you have developed yourself and indicate your age at the time.

| Diet or book title | Your age | Brief description |
|--------------------|----------|-------------------|
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| | | |

Your age: _____ height: _____ weight now: _____

Your weight history:

| Low weight | Age | High weight | Age | Usual Weight | Age |
|-------------------|------------|--------------------|------------|---------------------|------------|
| | | | | | |

For office use only: BMI Calculations

Waist

Hips

Please list any medication you are currently taking

Vitamin/mineral supplements taking _____

Do you have a chronic medical condition?

Surgeries (when/why): _____

Allergies: _____

Family Medical History:

Do you or anyone in your family have any of the following? Please tick, if yes and state who has it in your family.

| | | | |
|---------------------------------------|--|--|--|
| Polycystic Ovarian Syndrome | | Eating disorders (anorexia or bulimia) | |
| Heart disease | | Hypertension (high blood pressure) | |
| Diabetes – type 1 or 2? Please circle | | Hypoglycaemia | |
| Depression | | Extreme tiredness | |

Exercise History:

Do you exercise? _____ If yes, please complete the following:

| Type of exercise | Frequency | Duration |
|------------------|-----------|----------|
| | | |
| | | |
| | | |
| | | |

How long have you been on this exercise programme? _____

Do you participate in team sports? _____

Did you ever exercise compulsively? _____

How do you feel about your weight/body now? _____

How did you feel about your body in school?

Primary school? _____

Secondary School? _____

College /University? _____

When/Why did it change? _____

Who plans your meals? _____

Who cooks? _____ **Who shops?** _____

What are your favourite foods? _____

Do you currently eat all of these? _____

If not, why? _____

Are there foods you consider 'good'? _____

Are there foods you consider 'bad'? _____

What is your definition of normal eating:

What changes have you made to your diet in the past?

Did you maintain those changes?_____ For how long?_____

How did you maintain those changes? _____

What helped?_____

What difficulties did you encounter?_____

How do you feel about your current diet?_____

What concerns do you have about changing your diet now?

How much alcohol and what do you drink per day?

How much alcohol do you drink per week (on average)?

What weight would you ideally like to be?_____