



## Nutritional Consult Questionnaire

Please be advised that the information you provide here is only to get to know you better and understand your unique situation. All of this information will be kept confidential between you and your nutritionist. Please understand that a nutritionist is NOT a physician and you may be referred out for medical opinions and/or allergy testing or other testing. The fee for a nutritional consult is \$25.

### PERSONAL INFORMATION

Name:

Address:

Provide all contact information and indicate your preferred contact method.

Phone:

Cell Phone:

E-Mail:

### MEDICAL HISTORY

Please list any medical conditions you have:


Is there a family history of medical conditions?  Yes  No

If yes, please list:


List all prescription drugs you take:


List all supplements and dosages: (feel free to attach additional information)


**MEDICAL HISTORY CONTINUED**

Do you have a history of antibiotic use? Yes No

If yes, please list which antibiotics and why they were prescribed:

Do you suspect any food allergies? Yes No

If yes, please describe:

**LIFESTYLE**

What is your stress level?

Low Moderate High

Do you smoke? Yes No

Do you consume alcohol? Yes No

If yes, how much?

What are your sleeping habits? Please describe:

Do you snore? Yes No

Do you exercise? Yes No

If yes, please describe frequency and type of exercise you engage in:

Do you use sugar substitutes? Yes No

If yes, which ones?

Do you ingest caffeine? Yes No

If yes, how much?

How much water (just water) do you drink in a day?

Please provide some information about your life, job, family, hobbies, etc:

**ADDITIONAL INFORMATION**

Please list/describe health issues that physically bother you that you ignore and have not mentioned to your physician that you would like cleared up:


What do you expect to gain from your nutritional consult?


Is there anything else you would like to share?


**Please provide a 3 day food diary including all snacks.**

Please submit your food diary with your consult questionnaire.

You may submit your information via email to:

[mlaporta99@yahoo.com](mailto:mlaporta99@yahoo.com)

You may also drop your information off at our Stroudsburg store if email is not an option for you. We will provide a confidential envelope for you and it will be submitted ONLY to our nutritionist for review.

Our nutritionist will contact you to schedule an appointment after your questionnaire has been reviewed.