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**New Patient Intake History** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_ **Goal Wt.:** \_\_\_\_\_\_\_\_\_\_\_\_

**Height:** \_\_\_\_\_\_\_\_\_ **Weight:** \_\_\_\_\_\_\_\_\_ **Reason for visit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis / Past Medical History:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If diabetic: How long** \_\_\_\_\_\_\_\_\_\_**? Checks glucose when and # of times/day:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications / Vitamins / Supplements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family medical history (Mom/Dad/Siblings):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cigarettes? Yes / No Alcohol? Yes / No Food allergies/intolerances:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often you eat out or have take-out meals?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Works: FT / PT Activity level at job: High / Low Who shops:** \_\_\_\_\_\_\_\_ **Who cooks:** \_\_\_\_\_\_\_

**Who lives with you?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Stress levels of life: High / Moderate / Low**

**Circle foods you crave: Sweet/Salty/Crunchy/No cravings Emotional / Stress eater? Yes / No**

**Physical activity: Yes / No What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Gym? Dog? Jog?) How often: \_\_\_\_\_**

**If you did not write your daily intake with you, please write down the times you eat and the foods you eat on a sample day:**

**What time do you wake up? \_\_\_\_\_\_\_\_**

**Breakfast: Time:** \_\_\_\_\_\_ **Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AM snack: Time:** \_\_\_\_\_\_ **Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lunch: Time:** \_\_\_\_\_\_ **Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PM snack: Time:** \_\_\_\_\_\_ **Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dinner: Time:** \_\_\_\_\_\_ **Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bedtime snack: Time:** \_\_\_\_\_\_ **Food:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_