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| **WellCats Nutrition Consult Form** |  |  |

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| **Demographic Data** | | | |
| **Name:** |  | | Todays Date |
| **DOB:** |  | **Age:** |  |
| **Height:** |  | **Pronouns:** | Dropdown box |
| **Weight:** |  |  | |

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| **Health History** | |
| Do you use tobacco? Yes How often? No | |
| Do you drink alcohol? Yes How often? No | |
| What foods do you enjoy? Click or tap here to enter text. | |
| List any food allergies: Click or tap here to enter text. | |
| Are there certain foods that you do not eat? Click or tap here to enter text. | |
| Do you eat at regular times each day?  Yes  No | |
| How frequently do you eat throughout the day? Click or tap here to enter text. | |
| Do you now follow a special dietary plan? (i.e. vegetarian, kosher, low cholesterol)  Click or tap here to enter text. | |
| Have you ever followed a special diet? Click or tap here to enter text. | |
| Could you provide detail on why you were on that diet?  Click or tap here to enter text. | |
| Do you have any problem buying foods that you would like to buy?  Click or tap here to enter text. | |
| Do you enjoy physical activity? Click or tap here to enter text. | |
| **Socioeconomic History** | |
| What is your highest level of formal education? Click or tap here to enter text. | |
| What is your occupation? Click or tap here to enter text. | |
| How many people are in your household? # in household Ages? #’s | |
| Marital status? Dropdown box | |
| Do you have a refrigerator? Yes Yes, but it does not work  No | |
| Do you have a stove? Yes Yes, but it does not work  No | |
| Who prepares the meals in your home? Click or tap here to enter text. | |
| Who does the shopping? Click or tap here to enter text. | |
| Do you eat convenience foods? Click or tap here to enter text. | |
| How often do you eat out? Click or tap here to enter text.  Where? Click or tap here to enter text. | |
| Have you made any food changes in your life that you feel good about?  Yes  No | |
| Who could support and encourage you while you make changes to meet your nutritional health goals? Click or tap here to enter text. | |
| **Educational Interest** | | |
| What changes would you like to make or learn more about? | | |
| Improve my eating habits | Improve my activity level |
| Learn to manage my weight | Improve my nutrition knowledge |
| Supermarket shopping strategies | Food labels/portion sizes |
| Healthy food preparation/planning | Snack foods |
| Accountability | Other: Specify |

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| **Clarification and Expectations** |
| Please provide any additional information you feel may be relevant to understanding your nutritional health: |
| Click or tap here to enter text. |

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| To better tailor your counseling experience it would be useful to know your expectations. Please use the space below to tell us your expectations in working with WellCats nutrition: |
| Click or tap here to enter text. |

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| I agree | I hereby acknowledge that graduate assistant nutrition counselors are not licensed dietitians. While there are many aspects to nutrition and healthful lifestyles, medical nutrition therapy will not be given to assist with disease states. In the event that you need/request medical nutrition therapy the counselor can advise on how to find a registered dietitian. |