



NUTRITION PROFILE

Date _____ Referred by _____

Name _____

Birth Date _____ Age _____ M / F

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Business Phone _____

Email _____

Employment / Daily Duties _____

What are your goals and reasons for nutrition and wellness counseling?

Your nutrition profile will be based on your accuracy of information provided below. It includes medical questions and history of your nutritional and fueling history. These have a direct impact on your wellness, training, and energy level. The following questionnaire will provide an overview for Bodyfuel, Inc.'s evaluation.

GENERAL HISTORY

Name of Primary Physician _____ Phone _____

Names of other practitioners, therapists, coaches

Have you had a physical in the past year? Yes ___ No ___

Did your physical indicate and noteworthy items? Yes ___ No ___

Please describe.

Have you had a blood test or health screen in the past year? Yes ___ No ___

Did your testing indicate and "high" or "low" normal values? Yes ___ No ___

Please list test and value for each.

Do you have any medical illnesses or situations? Yes ___ No ___

Please list.

Are you taking and medical prescriptions? Yes ___ No ___

Please list name and dose.

Alcohol Intake? Yes ___ No ___
Please say how much, type, and frequency

Smoking? Yes ___ No ___
Please describe

Drug Use? Yes ___ No ___

Do you take any nutritional supplements or herbal supplements? Yes ___ No ___
Please list types, brand, and amount.

EXERCISE HISTORY

Do you exercise regularly? Yes ___ No ___
If so, what types and schedule?

Type _____ Days/week _____ Moderate _____ or Vigorous _____ Minutes/Day _____

Total number of hours per week _____

Injuries or limitations?

STRESS LEVEL

Self Assessment of Stress Level: High ___ Moderate ___ Low ___

Personality Type: (circle)

Impatient, time-oriented, competitive

Usually somewhat relaxed, sometimes anxious

Relaxed, easy going

Any severe personal problems in the past 12 months? (such as death of family member, marital problems, divorce, job changed, accidents, law suits, serious family problems, ill health)

Relaxation Techniques Practiced? Yes ___ No ___ Please explain.

DAILY INTAKE

Are you or any one in your household on a special meal plan? Yes ___ No ___ Explain.

Who cooks for you?

How often do you eat at home per week?

Name 3 or more foods you regularly prepare at home?

How often do you eat out each week?

Where you eat out?

What do you order to eat?

SALLY BERRY BROWN MA RD CSSD
BODYFUEL, INC.
8100 MARTY, SUITE 115
OVERLAND PARK, KANSAS 66204
PH 913.648.2568 FAX 913.648.6322



How many meals/snacks do you eat a day?

How often to you eat breakfast a week?

List any foods you are allergic to:

Food dislikes or foods you have problem eating (gas, stomach pain, etc.)

What are some of your favorite foods?

What beverages do you drink each day?

What types of diet foods or special sport fuels are you using?

ANTHROPOMETRIC

Height: _____ Present Weight: _____ Usual Weight: _____ Goal Weight: _____

Pounds gained this year? ____ Lost this year? ____ Are you on or have been on a special diet? Yes ___ No ____
What type?

GENERAL NOTES (office use)

Hobbies, Interests, Social Activities

Diet History Intake form