



## TAILORED NUTRITION CLIENT FORM

I look forward to meeting with you at your nutrition consultation. Please complete this form and food diary online at least two days before your appointment.

This information will help ensure that I give you the very best nutrition plan for your particular needs.

You may wish to print a copy for ease of use when recording your food diary before entering online.

Click here to enter first name

**FIRST NAME**

Click here to enter last name

**LAST NAME**

Enter age

**AGE**

Click here and arrow to enter DOB.

**DATE OF BIRTH**

Click here to enter first name

**TELEPHONE NUMBER**

Click here to enter last name

**MOBILE**

**PLEASE WRITE YOUR MAIN REASON FOR MAKING THIS APPOINTMENT**

Click here to enter text.

**WHAT IS YOUR IDEAL LONG-TERM OUTCOME FOLLOWING THIS APPOINTMENT?**

Click here to enter text.

**WHAT DO YOU THINK HAS PREVENTED YOU FROM ATTAINING/MAINTAINING YOUR NUTRITION OR BODYWEIGHT GOALS IN THE PAST?**

Click here to enter text.

[Go to next page](#)

## MEDICAL HISTORY

PLEASE ENTER YES IF YOU OR A FAMILY MEMBER HAS A HISTORY OF ANY OF THE FOLLOWING CONDITIONS:

| CONDITION                         | FAMILY    | SELF      | CONDITION                 | FAMILY    | SELF      |
|-----------------------------------|-----------|-----------|---------------------------|-----------|-----------|
| Anemia                            | Yes or No | Yes or No | Kidney Disease            | Yes or No | Yes or No |
| Blood Clots / Clotting Difficulty | Yes or No | Yes or No | Eating Disorder           | Yes or No | Yes or No |
| Cancer                            | Yes or No | Yes or No | Osteoporosis              | Yes or No | Yes or No |
| Diabetes                          | Yes or No | Yes or No | Ulcer Disease             | Yes or No | Yes or No |
| Insulin resistance                | Yes or No | Yes or No | Urinary Tract Infections  | Yes or No | Yes or No |
| High Blood Pressure               | Yes or No | Yes or No | Underactive thyroid       | Yes or No | Yes or No |
| High Cholesterol                  | Yes or No | Yes or No | Other:                    | Yes or No | Yes or No |
|                                   |           |           | Click here to enter text. |           |           |

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING PROBLEMS/CONCERNS:

Constipation [Click to choose yes or no](#) Diarrhoea [Click to choose yes or no](#) Heartburn [Click to choose yes or no](#)  
Other (Please detail): [Click here to enter text.](#)

PLEASE IDENTIFY ANY HEALTH CONDITIONS YOU HAVE:

[Click here to enter text.](#)

PLEASE LIST ALL MEDICATIONS/VITAMINS/MINERALS/SUPPLEMENTS YOU ARE CURRENTLY TAKING:

| NAME                                      | DOSAGE                                     | FREQUENCY                                 | PRESCRIBED BY (AS APPROPRIATE):           |
|---|--|---|---|
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter dosage</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |

## NUTRITION

Number of meals you eat per day? [Choose an item.](#)

PLEASE SELECT YES FROM THE DROP DOWN IF YOU FOLLOW ANY SPECIAL DIET:

Carbohydrate restricted ... Fat restricted ... Vegan ... Macrobiotic ...  
Sodium restricted ... Vegetarian ... Weight loss ...  
Other (Please detail): [Click here to enter text.](#)

IF YOU FOLLOW A SPECIAL DIET, WHO RECOMMENDED IT AND WHY?

[Click here to enter text.](#)

**PLEASE LIST ANY KNOWN FOOD ALLERGIES:**

- 1
- 2
- 3
- 4

**PLEASE LIST ANY CRAVINGS YOU ARE CURRENTLY EXPERIENCING?**

- 1
- 2
- 3
- 4

**WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ALCOHOL INTAKE – SELECT YES IF IT APPLIES:**

- ...  I never drink alcohol
- ...  I currently drink occasionally (≤1 time a week)
- ...  I drink 2 to 3 days of the week
- ...  I drink 4 to 5 days of the week
- ...  I drink +5 days of the week

If you drink currently, how many drinks on average do you have at one time?

**HOW MANY TIMES PER WEEK DO YOU EAT AT A RESTAURANT (INCLUDING FAST FOOD)?**

Times a week

**PLEASE LIST ANY SPECIFIC QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING NUTRITION:**

- 1
- 2
- 3
- 4

**EXERCISE HISTORY**

**HOW OFTEN DO YOU EXERCISE?**

Type of Activity

e.g. upper body weights, walking, gardening, running

Total Minutes in One Session

Times per week

**IS THERE ANY OTHER ADDITIONAL INFORMATION THAT YOU BELIEVE IS IMPORTANT FOR US TO KNOW?**

**ACKNOWLEDGEMENT**

I certify that all the information I have provided above is accurate and complete to the best of my knowledge as of the date of my signature below. I agree to accept responsibility for omissions regarding my failure to disclose any past or currently existing health/medical conditions.

Print Name

PLEASE COMPLETE THIS 3-DAY FOOD DIARY AND SHOW ALL FOOD AND BEVERAGE INTAKE, PROVIDING AS MUCH DETAIL AS POSSIBLE

**FOOD DIARY DAY 1**

TIME OF DAY    MEAL EATEN    FOOD EATEN  
(PLEASE BE SPECIFIC INCLUDING AMOUNTS, TYPES OF FOOD, ETC.)

|                           |           |   |
|---------------------------|-----------|---|
| Sample record             |           |   |
| 8.30am                    | Breakfast | 1 cup Special K with ½ cup lite blue milk                                 |
|                           |           | 1 cup instant coffee with 2 Tbsp trim milk and 1 Tbsp sugar               |
|                           |           | 1 medium banana   |
|                           |           | 2 slice of white toast (sandwich) with 1tsp olivio and 2tsp raspberry jam |
| Click here to enter text. | Breakfast | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
| Click here to enter text. | Lunch     | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
| Click here to enter text. | Dinner    | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
|                           |           | Click here to enter text.   |
| Click here to enter text. | Snack     | Click here to enter text.   |
|                           |           | Click here to enter text.   |
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| Click here to enter text. | Other     | Click here to enter text.   |
|                           |           | Click here to enter text.   |
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|                           |           | Click here to enter text.   |

## FOOD DIARY DAY 2

TIME OF DAY    MEAL EATEN    FOOD EATEN  
(PLEASE BE SPECIFIC INCLUDING AMOUNTS, TYPES OF FOOD, ETC.)

| TIME OF DAY               | MEAL EATEN | FOOD EATEN<br>(PLEASE BE SPECIFIC INCLUDING AMOUNTS, TYPES OF FOOD, ETC.) |
|---------------------------|------------|---|
| Sample record             |            |   |
| 8.30am                    | Breakfast  | 1 cup Special K with ½ cup lite blue milk                                 |
|                           |            | 1 cup instant coffee with 2 Tbsp trim milk and 1 Tbsp sugar               |
|                           |            | 1 medium banana   |
|                           |            | 2 slice of white toast (sandwich) with 1tsp olivio and 2tsp raspberry jam |
| Click here to enter text. | Breakfast  | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
| Click here to enter text. | Lunch      | Click here to enter text.   |
|                           |            | Click here to enter text.   |
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|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
| Click here to enter text. | Dinner     | Click here to enter text.   |
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| Click here to enter text. | Snack      | Click here to enter text.   |
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| Click here to enter text. | Other      | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |

## FOOD DIARY DAY 3

**TIME OF DAY    MEAL EATEN    FOOD EATEN**  
(PLEASE BE SPECIFIC INCLUDING AMOUNTS, TYPES OF FOOD, ETC.)

| TIME OF DAY               | MEAL EATEN | FOOD EATEN<br>(PLEASE BE SPECIFIC INCLUDING AMOUNTS, TYPES OF FOOD, ETC.) |
|---------------------------|------------|---|
| Sample record             |            |   |
| 8.30am                    | Breakfast  | 1 cup Special K with ½ cup lite blue milk                                 |
|                           |            | 1 cup instant coffee with 2 Tbsp trim milk and 1 Tbsp sugar               |
|                           |            | 1 medium banana   |
|                           |            | 2 slice of white toast (sandwich) with 1tsp olivio and 2tsp raspberry jam |
| Click here to enter text. | Breakfast  | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
| Click here to enter text. | Lunch      | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
| Click here to enter text. | Dinner     | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
|                           |            | Click here to enter text.   |
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| Click here to enter text. | Snack      | Click here to enter text.   |
|                           |            | Click here to enter text.   |
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| Click here to enter text. | Other      | Click here to enter text.   |
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