

516.881.9059

info@jackieslomin.com

www.jackieslomin.com

Please complete this form to the best of your ability and either bring it with you to your consultation or send via email to info@jackieslomin.com.

Note: if you would prefer to fill out forms online, please follow the E-mail instructions sent to you with your new appointment confirmation to make a Healthie account which will give you access to all forms, a food diary and many more convenient tools to help you reach your goals.

**Name:**

**Reason for consultation:**

**What do you hope to**

**achieve in your nutrition consultation?**

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

**Health and Medical History:** Please indicate all that apply with a C (current) or P (past) in box to left

|  |  |  |  |
| --- | --- | --- | --- |
|  | Food allergies / intolerances: |  | Diabetes: |
|  | Eating disorder: |  | GI condition (nausea, diarrhea, vomiting): |
|  | Other: |  | |

**Please name any medications, vitamins, botanicals, probiotics and any other supplements you use.**

**Do you currently engage in physical activity?**

If applicable, list type of activities, sport/position, how often, how long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you had any recent injuries or limitations?**

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For females, do you have (monthly) menstrual periods?**

If no, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Sleep:**

Duration most nights: □ 8+ hrs □ 6-8 hrs □ <6 hrs Sleep quality most nights: □ Good □ Fair □ Poor

**Stress:**

On a scale of 1-10, what is your stress level most days (1=minimal, 10=extreme)? Life stressors: □ Work □ Finances □ Health □ School □ Other

**Height/Weight:**

Height: Current Weight: Goal Weight (if applies): \_\_\_\_\_\_\_\_\_\_\_ Weight History (highest/lowest as an adult): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Habits:**

Do you follow a specific diet or eating pattern?

Do you avoid any particular food or beverages?

How many days per week do you eat out or get take-out?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a meal plan? □ Yes □ No

Do you grocery shop? □ Yes □ No

Do you cook? □ Yes □ No

**What do you think would make the most difference in your overall health?**

**Please write a brief summary of any information that will be helpful to me regarding your health history,**

**or in your own words tell me your story.**

**3 Day Food Record:**

It would be helpful, but not required, if you could complete a food record prior to your appointment and bring it with you. You may use the format provided below or an app of your choice, like MyFitnessPal.

Instructions:

1. Record everything you eat and drink for three days. It is best to use two week days and one weekend day; record as soon after you eat as possible.
2. When describing a food, be specific and precise. Possible descriptors may include: brand name, preparation method, raw, frozen, canned, chopped, whole, low fat, non-fat, etc.
3. When recording amounts, use standard measures such as cups, tablespoons, teaspoons, ounces, number of pieces, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Food/Beverage/Description | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Date | Time | Food/Beverage/Description | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Time | Food/Beverage/Description | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |