

# Nutrition Consultation Questionnaire

## Client Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

XID # \_\_\_\_\_

Year at Clemson: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Physician Information

Physician name: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

## Anthropometrics

Age: \_\_\_\_\_

Current Body Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Desired Body Weight: \_\_\_\_\_

## Primary reason for Nutrition Consultation:

What would you like to take away from this session?

Please indicate any other comments or topics you would like to cover in your session

## Please indicate how you were referred for this consultation

- Redfern
- SAS
- Other \_\_\_\_\_

**Medical History and Medications:** Please list any relevant past medical history, current medications, health concerns and lab values

**Medical History** (food allergies/intolerances, high cholesterol, anemia, diabetes, heart disease, ADHD, thyroid disease, digestive issues, eating disorders, recent surgeries, etc)

**Current Medications** (prescriptions, over the counter, vitamins or supplements)

**Please list your health concerns at this present time**

**List all recent laboratory values and provide copies from your doctor's office if applicable**

**Nutrition Intake**

Do you have any food allergies, intolerances or dietary restrictions? If yes, please explain in detail.

Do you currently have a meal plan with Clemson University? If yes, which one?

- Unlimited
- Block 175
- Block 75
- Block 30

Which Dining Hall do you eat most of your meals?

- Schilletter
- Fresh Food Company at Core Campus

If you do not have a meal plan, where do you eat most of your meals?

Please list your typical nutrition intake for each meal/snack.

**Breakfast**

**Morning snack**

**Lunch**

**Afternoon snack**

**Dinner**

**Snack/dessert**

Do you take and vitamins, minerals or supplements? If yes, please list below.

**Exercise**

Are you currently on an exercise program?

- Yes
- No

If yes, please describe your exercise regimen:

Do you have any physical disabilities or limitations that may impact your ability to exercise? If yes, please explain in detail.