



PRIVATE & CONFIDENTIAL

Nutritional Assessment

Form A

| | | |
|---|---------------------|-------------------------|
| Personal details | | Today's Date: |
| Name: | | D.O.B: |
| Address: | | Postcode: |
| Tel No: (Home) | (Work) | (Mobile) |
| E-mail: | Occupation: | Marital Status: |
| Height: | Weight: | Eye Colour: |
| No. of dependents: | Age/sex of children | |
| GP Name & Address: | | |
| If it is thought necessary, do you consent to a copy of your report being sent to your GP? Y/N | | |
| Medical history | | |
| Please give details below of the main health issues you would like to address: | | |
| | <i>Duration</i> | <i>Treatment So Far</i> |
| 1. | | |
| 2. | | |
| 3. | | |
| Please list below any family health issues that you are aware of: | | |
| Mother: | Father: | |
| Sister(s): | Brother(s): | |
| Are you currently taking any medication (prescription or over-the-counter)? (Please state names & dosages): | | |
| Are you currently taking any nutritional supplements? (please state names and dosages) | | |



DIETARY ANALYSIS

Please write down the food and drink (meal examples) you might consume in a 'typical' day, taken from two weekdays and one Saturday or Sunday (if possible) indicating where possible whether the food is fresh, unprocessed, or from a can or box:

DAY 1 (weekday)

Breakfast:

.....

Lunch:

.....

Dinner:

.....

Snacks and drinks:

.....

DAY 2 (weekday)

Breakfast:

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Lunch:

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Dinner:

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Snacks and drinks:

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DAY 3 (Weekend)

Breakfast:

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Lunch:

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Dinner:

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Snacks and drinks:

.....

Please list if there are any foods that you would find difficult to give up?

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