

Carol T Clinton, MS, LDN, CNS

908-672-8209

*MorningStar Family Health Center
Nutrition Form*

Name: _____ Date: _____
Address: _____ Town, State, Zip _____
Phone (C) _____ (W) _____
Email: _____ Preferred method of contact: _____
Age: _____ Date of Birth: _____ Sex: _____ Ht: _____ Wt: _____
Place of Birth: _____ Marital Status: Single Mar Div Sep Widow Partnered
Occupation: _____
Referred by: _____ Primary Physician: _____

Areas of Concern: _____

Current Health Issues: Please list any current or recurring problems you have below.

Medications/Supplements - Prescriptions, over the counter remedies, vitamins, herbs, home remedies, birth control pills, etc (please list all):

Medications & Supplements	dose	times /day

Please list any additional (use space on back if needed)

For Women: # of Pregnancies _____ # births _____ #miscarriages _____

Age at first period: _____ Frequency: _____ Length: _____

Do you have any concerns about your periods? _____ Age at menopause: _____

Concerns? _____

Past Diet History:

How would you describe your current diet?:

Vegetarian Vegan Raw Paleo Mediterranean Meat/Potatoes Other (describe)

How long: _____

Have you followed another diet in the past?

Diet(s): _____

How long? _____ When? _____

Do you exclude whole food groups for philosophical or religious reasons? Excludes:

Do you have a history of intestinal problems such as bloating, excessive gas, constipation or diarrhea?

No Yes

Reactions to Medicines/Foods/Other:

Family History: What runs in your family? List food allergies, autoimmune, disorders, etc.

Daily Food Diary Instructions:

1. You may make additional copies of the following food diary page. Convenience is the key here, as you should keep it with you at all times recording your intake. If it is easier, you may keep it in a notebook and make copies of that.
2. Keep the log for 3 days, unless otherwise noted. One of the days, if possible, should be a weekend day as your eating habits will likely change somewhat during the weekend.
3. Please estimate the portion sizes as accurately as possible using descriptions such as, 1 cup, 1/4 cup, tsp, Tbsp, oz, etc. Include brand names. If portions sizes are included, I can use the information to conduct a dietary analysis for you. Please list ALL beverages/water/tea/coffee/soda, with brand name, if applicable.
4. Please be honest with yourself! This is not done to judge you or anything you do. Try not to change your eating habits because you know someone will be reading your food log - it will be confidential. This allows us to see patterns or even potential sensitivities in your daily intake, that could be affecting your health.

Example:

Breakfast - 8 oz coffee with 1 oz of 2% milk
2 egg omelette with about .5 oz cheddar cheese (Cabot) and
1 small tomato and tsp diced onion *(at home)*

Snack: Chobani lime yogurt, 5.3 oz *(office desk)*

Lunch: 1 cup romaine lettuce, about 1/2 cup diced chicken, 1 Tbsp red
pepper, 1 tsp onion, 1 medium tomato, 1 Tbsp Wegman's balsamic
dressing *(cafeteria - abdom pain)*

Food Diary

Name: _____ Date: _____ Day of the Week: _____

Time	Meal	Food and Portion Size	Where I Eat/ comments
	<i>Breakfast</i>		
	<i>Snack</i>		
	<i>Lunch</i>		
	<i>Snack</i>		
	<i>Dinner</i>		
	<i>Snack</i>		