

CONFIDENTIAL

University of Nebraska-Lincoln, University Health Center
Personal Data Sheet, Nutrition Education

Name: _____ Date: _____

Lincoln Address: _____ Zip: _____

Day Time Phone #: _____ Evening Phone #: _____

email address: _____

Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Highest Weight: _____ Lowest Weight: _____

Goal Weight: _____ Last time you were at your goal weight _____

Please indicate your reason for seeking nutrition counseling at this time:

_____ Blood sugar control

_____ Cardiac (heart) nutrition

_____ Compulsive eating

_____ Eating habits/behaviors

_____ Food allergies

_____ High blood pressure

_____ Metabolic disorder (diabetes, thyroid, PCOS)

_____ Sports nutrition

_____ Weight gain

_____ Weight loss

WOMEN: Do you have a regular menstrual cycle? _____ YES _____ NO

Have you seen a doctor for any medical problem within the past year? Please Explain.

Are you presently following a modified eating plan? Please Explain.

Are you taking any dietary/herbal/nutritional supplements? Please Explain.

Do you exercise on a regular basis?

What kind of exercise?

How many times a week?

How long per session?

Would you like help with your exercise program?

Please write down everything you ate and drank in the past 24 hours (if you have not brought a food record with you).

Identify three foods that you absolutely will not eat.

How did you find out about the services of Nutrition Education? Did someone refer you? If yes, whom?

Have you ever worked with a dietitian before? If yes, please explain.

Do you have any specific goals when working with the dietitian or any questions/ concerns you would specifically like addressed?