NOURISH YOUR BODY

KATE WHITE

nutritionist + educator

CHERISH YOUR LIFE

NUTRITION AND HEALTH ASSESSMENT FORM

Date:

PERSONAL INFORMATION

Last Name

First Name

Date of Birth

Occupation

Street

City

State

Postal Code

Telephone- Home

Telephone- Work

Email address

Children? If so, how many.

Marital Status

Who does the cooking and grocery shopping in your household?

Please list your nutrition and health concerns (weight loss/gain, high cholesterol or blood pressure, digestive issues, low energy, allergies,blood sugar management etc.)

What would you like to see come out of our sessions together? What do you expect from your nutrition program?

HEALTH HISTORY

List any and all diagnoses you have received or any health concerns, recently or in the past, as far back as you can remember:

Current:

Past:

Please indicate whether you have/had any blood relatives with any of the following problems. If yes, please indicate their relationship to you (i.e. Mother):

Cancer (Y/N):

Heart Disease (Y/N):

High Cholesterol (Y/N):

Diabetes (Y/N):

High Blood Pressure (Y/N):

Osteoporosis (Y/ N):

Date of last physical examination/doctor's visit?

Do you have any complaints about the following? (Please check all that apply)

- [ ] Anxiety
- [ ] Bruising
- [ ] Excess Mucus
- [ ] Appetite(low/high)
- [ ] Chewing or Swallowing
- [ ] Indigestion/Heart Burn
- [ ] Sudden weight change
- [ ] Bloating/Gas
- [ ] Constipation
- [ ] Menstrual Difficulties
- [ ] Stress
- [ ] Depression
- [ ] Oedema/Swelling
- [ ] Diarrhoea

Do you use tobacco in any way? Y or N If so, how often and how much?

Weight History: Current weight (if known):

Most usual weight:

Highest weight:

Desired weight:

MEDICATIONS & SUPPLEMENTS

Please list any medications and amounts you are currently taking (prescribed or over-the- counter).

Please list any vitamin, mineral or herbal supplements and amounts you are taking?

Have you taken antibiotics in the last few years?

Yes [ ] or No [ ]

Have you travelled overseas in the last few years?

Yes [ ] or No [ ] If yes, countries visited:

HOW DID YOU HEAR ABOUT KATE?

Referral:

Google ☐ Social Media ☐

Other:

WOULD YOU LIKE TO RECEIVE EMAILS WITH HEALTHY RECIPES, NUTRITION AND LIFESTYLE TIPS?

If yes, please write your email below:

WAIVER AND RELEASE FOR NUTRITION CONSULTATIONS

Kate White does not diagnose disease. Any recommendations you follow for changes in diet, including but not limited to the use of food supplements are entirely your responsibility. In consideration of my participation in nutrition consultations, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property.

I have disclosed correct details in regards to my present and past state of health. If any of these details do change in the future it is my responsibility to update the treating Nutritionist at the time.

Signature of Patient/Client

Date