

MDD Client Information & Nutrition Intake Form

Today's Date: _____

Name: _____

Birth Date: _____

Height: _____

Weight: _____

Lab work: (if have available)

Past Medical History

List your medications/supplements? (if long list, your Dietitian can make copy)

Main Reason for Visit Today?

In the past 2 years would you say you:

Gained Weight: Lost Weight Stayed the same

What is a reasonable goal weight for you to achieve? _____

Do You follow a special diet now ? Yes No

If so, what kind? _____

Have you had nutrition counseling in the past? Yes No

If so, for what health issue?

How many meals are eaten in a restaurant or from takeout per week? _____

Favorite places to eat: _____

Describe your intake of alcohol per week? None weekends only 3 x week or more

If drink alcohol, what type?

What triggers you to eat when you are not hungry? Boredom Stress

Food left on your plate Being alone Family or friends Other

Do you exercise? Yes No If so, what type and how often?
