



Sports Nutrition | Eating Disorders | Weight Management | Gastrointestinal Health

**Bridget Easley MS, RDN, LMNT**  
*Health & Nutrition Questionnaire*

Date \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_ contact #: \_\_\_\_\_

Ht \_\_\_\_\_ Wt (usual) \_\_\_\_\_ Wt. (current) \_\_\_\_\_

**MEDICAL HISTORY**

Reason for today's consultation: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Therapist (if applicable): \_\_\_\_\_

Currently following a special diet, (i.e. low salt, gluten free) \_\_\_\_\_

\_\_\_ Non-smoker \_\_\_ Smoker, amt/day \_\_\_\_\_ \_\_\_ Former smoker, date quit \_\_\_\_\_

\_\_\_ Alcohol/drug abuse \_\_\_\_\_ \_\_\_ Kidney \_\_\_\_\_

\_\_\_ Anemia \_\_\_\_\_ \_\_\_ Liver \_\_\_\_\_

\_\_\_ Anorexia/bulimia (current/past) \_\_\_\_\_ \_\_\_ Nervousness \_\_\_\_\_

\_\_\_ Constipation/diarrhea \_\_\_\_\_ \_\_\_ Osteoporosis \_\_\_\_\_

\_\_\_ Diabetes/gestational \_\_\_\_\_ \_\_\_ Overweight \_\_\_\_\_

\_\_\_ Depression \_\_\_\_\_ \_\_\_ Rapid weight loss \_\_\_\_\_

\_\_\_ Heart disease \_\_\_\_\_ \_\_\_ Thyroid condition \_\_\_\_\_

\_\_\_ High blood pressure \_\_\_\_\_ \_\_\_ Ulcer \_\_\_\_\_

\_\_\_ High cholesterol \_\_\_\_\_ \_\_\_ Other \_\_\_\_\_

**DIET & FOOD HISTORY**

Vitamin/mineral supplements \_\_\_\_\_

Number of times/week do you eat out? \_\_\_\_\_ Which meals \_\_\_\_\_

Type of restaurant visit most frequently?

\_\_\_ Fast food \_\_\_ Cafeteria \_\_\_ Family dining \_\_\_ Fine dining

Grocery shopping for household

\_\_\_ Self \_\_\_ Spouse/partner \_\_\_ Roommate \_\_\_ Other

Meals planned in advance? \_\_\_\_\_

Problem foods and/or food allergies: \_\_\_\_\_

**Please continue if the reason for your consult relates to weight management issues, otherwise SKIP to**

***Exercise History* to complete form.**

