

Nutrition Consultation Questionnaire

In preparation for a nutrition consultation with a WorkLife Programs Registered Dietitian, please complete the following. Once your information has been received a Registered Dietitian will contact you to schedule your appointment.

Name: _____ E-mail: _____ Day time #: _____

Classification:

<input type="radio"/> Faculty	<input type="radio"/> A/P staff	<input type="radio"/> C/S staff	<input type="radio"/> Retiree	<input type="radio"/> Spouse/SSDP	<input type="radio"/> Other
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Height : _____

Age: _____

Weight : _____

Goal Weight : _____

Gender:

<input type="radio"/> Male	<input type="radio"/> Female
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What two main food/eating questions do you need answers to?

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Do you currently follow any type of dietary restrictions?

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Please list any known food allergies:

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If you've already attempted to alter your weight, what methods have you used?

Are there any medical conditions affecting your dietary choices?

(Select all that apply)

- High blood pressure
- High cholesterol
- Diabetes
- Cancer
- Sleep apnea
- Other (If "other," please specify.)

How would you describe your physical activity during a typical week?