



INITIAL ASSESSMENT FORM

DATE: _____

NAME: _____
(First, Last)

ADDRESS: _____
(Street, City, State, Zip Code)

HOME PHONE () _____ CELL () _____

WORK () _____ EMAIL _____

HEIGHT _____ WEIGHT _____ SEX _____

D.O.B _____

AVERAGE WEIGHT PAST 3 YEARS _____

WEIGHT MOST COMFORTABLE AT _____

REFERRED BY _____ RELATIONSHIP _____

OCCUPATION _____

REASON FOR CONSULTATION _____

PAST MEDICAL HISTORY _____

FAMILY MEDICAL HISTORY _____

PRESCRIPTION/SUPPLEMENTS _____

FOOD ALLERGIES/INTOLERANCES _____

CURRENT BLOOD WORK (PLEASE PROVIDE MOST RECENT RESULTS, IF KNOWN):

BLOOD SUGAR (FASTING) _____ HEMOGLOBIN A1C _____ BLOOD PRESSURE: _____

IRON STATUS _____ THYROID (TSH): _____ TRIGLYCERIDES: _____

TOTAL CHOLESTEROL _____ LDL _____ HDL _____ OTHER _____

MAY WE CONTACT YOUR PRIMARY CARE PHYSICIAN TO OBTAIN BLOOD WORK? _____

PHYSICAL ACTIVITY

HOW FREQUENTLY DO YOU DO YOU EXERCISE?

NEVER _____ 1-2 X/WK _____ 3-4 X/WK _____ >4 X/WK _____

AVERAGE LENGTH OF TIME?

<30 MIN _____ 30-60 MIN _____ >60 MIN _____

TYPE OF EXERCISE(S): _____

DESCRIBE YOUR WORKOUT INTENSITY BELOW:

LIGHT _____ MODERATE _____ VIGOROUS _____

EATING HABITS

DO YOU FOLLOW A SPECIAL DIET? PLEASE EXPLAIN _____

HOW MANY MEALS DO YOU EAT PER DAY? _____

DO YOU AVOID ANY FOODS? _____

FAVORITE FOODS _____

FOOD CRAVINGS _____

DO EATING YOUR EATING HABITS CHANGE WITH STRESS? _____

WHO DOES THE GROCERY SHOPPING? _____ HOW OFTEN? _____

DINING OUT

NUMBER OF MEALS EATEN AWAY FROM HOME PER WEEK _____

TYPES OF MEALS EATEN _____

FAVORITE RESTAURANTS _____

LIFESTYLE

ARE YOU A SMOKER? YES _____ NO _____ IF YES, HOW MANY PER DAY? _____

DO YOU DRINK ALCOHOL? YES _____ NO _____ IF YES, HOW MANY PER DAY? _____

ANY LIFESTYLE BEHAVIOR(S) YOU WOULD LIKE TO CHANGE? _____

HOW MANY HOURS DO YOU SLEEP PER DAY? _____

READINESS ASSESMENT

ON A SCALE OF 1 (NOT WILLING) TO 5 (VERY WILLING) PLEASE RATE THE FOLLOWING:

MODIFY YOUR DIET _____ TAKE NUTRITIONAL SUPPLEMENTS _____

KEEP A FOOD JOURNAL _____ MODIFY YOUR LIFESTYLE _____

PRACTICE RELAXATION TECHNIQUES _____ ENGAGE IN EXERCISE/PHYSICAL ACTIVITY _____