



465 Cranbury Road Suite 101
East Brunswick, NJ 08816

732-210-9581

Name: _____ DOB: _____ Date: _____

Height: _____ Weight: _____

Reason for visit: _____

Have you ever consulted with a Registered Dietitian in the past? Yes _____ No _____

Past medical history: _____

Medications/supplements: _____

Food allergies/intolerances: _____

Foods you dislike: _____

How often do you eat out? _____ Who cooks? _____ Who shops? _____

Who do you live with? _____

Stress levels (circle one): High Moderate Low

Food cravings (circle one): Sweets Salty Crunchy

How is your sleep? (circle one) Good Fair Poor

Physical activity? _____

What did you eat yesterday:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages: _____