Daniella Wolf, BASc. RD

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***Consulting Dietitian and Nutritionist***

 Nutrition Profile .

Patient History

Name:       Date of Consultation:

Address:       Family Doctor:

street

                   Letter to Doctor: ❑

postal code

province

city

Phone: (H)       (Cell)       Address:

Birthdate:       (mm/dd/yyyy) Age:       Phone:

Email:

Occupation:       Referred by:

Reason For Referral:       Medical Conditions:

Additional Information:       Date of last physical exam:

Lab Data:       Medications:

Height:      cm (     in.) Weight:     kg (     lb.) actual BMI: \_\_\_\_WC\*: \_\_\_\_

 **Goal:** Weight:      kg (     lb.) goal BMI:

Weight Change History:

Physical Activity:

Food Allergies/Intolerances/Dislikes:

Vitamin/Mineral Supplements:

Factors Affecting Food Intake:       Recent Changes In Food Habits:

Meal Preparation:       Meals Eaten Out: Lunch       Dinner

Food Frequency: (please check the box if you eat on a daily/weekly basis)

Milk Products: Grains: Meat/Alternatives:

skim[ ]  1%[ ]  2%[ ]  soy[ ]  cereal [ ]  chicken [ ]  eggs [ ]

cheese [ ]  bread [ ]  fish [ ]  lamb [ ]

yogurt [ ]  rice [ ]  beef [ ]  cottage cheese [ ]

frozen yogurt [ ]  potatoes [ ]  pork [ ]  tofu [ ]

ice cream [ ]  pasta [ ]  legumes [ ]  nuts [ ]

Fruit: Vegetables: Fats:

juice [ ]  salads [ ]  butter [ ]  oil [ ]

fresh [ ]  cooked [ ]  margarine [ ]  salad dressing [ ]

 peanut/almond butter [ ]  mayonnaise [ ]

 hummus [ ]  olives[ ]

Liquids:

coffee/tea [ ]  soft drinks: [ ]  wine/beer/alcohol:      drinks/wk water:      cups/day

Sweets/Snacks:

One-Day Food Recall:

***Breakfast: Lunch: Dinner:***

***Snack: Snack: Snack:***

Initial Suggestions: Food Recall Analysis

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Calories \_\_\_\_\_\_\_\_\_\_ Fibre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carbs \_\_\_\_\_\_\_\_\_\_\_\_ Unsaturated Fat \_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saturated Fat \_\_\_\_\_\_ Calcium \_\_\_\_\_\_\_\_\_\_\_\_

 Protein \_\_\_\_\_\_\_\_\_\_\_

*Nutritional Diagnostic Statements:*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet Provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Materials: WCFG❑ HLP❑ GHEG❑ Sample Food Plan❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Plan:

Calories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protein:\_\_\_\_\_\_\_\_\_\_ g \_\_\_\_\_\_\_\_\_ % Fat: \_\_\_\_\_\_ g \_\_\_\_\_\_% Carbohydrates:\_\_\_\_\_\_ g \_\_\_\_\_\_\_%

Food Group **Svgs** Date

**Meat & Alt**

**Grains**

**Milk Products**

**Fruit**

**Vegetables**

**Fats**

Dietitian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*WC waist circumference M<102cm/40in F<88cm/35in