



My_Meal Nutrition Assessment Form

Date: _____

Client Name: _____

Time: _____

Where did you hear /Referred by _____

E-Mail address _____

Ready to Start Emmediately

Reason for starting a diet ? _____

Goals: how much you expect to to lose waight ? _____

Did you ewer been on Diets ? yes no date? _____

(if yes , Company name/reason to quit?) _____



Current Eating Pattern

Breakfast _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages: _____

Allergies and Food Sensitivities: _____

please provide the all information about you allergies or disease.Thanks

Dietary Limitations (*dislikes, cultural/religious/ethnic preferences*): _____

Time/Prep Issues: _____

Sleep Patterns: _____

Stress/Environmental Issues: _____

Employment /Proffesion : _____

Daily Activity *Very Active* *A little Active* *Not active at all*



Exercise Patterns (time, day, duration, type):

Sex: ____ Age: ____ Height: ____ (inches) Current Weight: ____ (lb)

Special Notes:

Medications, Supplements, OTC:

Prefer Meal _____

Beef: _____ Pork: _____ Lamb: _____ Chicken: _____ Fish: _____ Soy Meat: _____

Noodles: Beans: Rice: Vegetable: All:

Other preferred or favorite meals and foods

Office use

BMI: _____ Target/Goal Weight: _____ Estimated Time to Reach Goal: _____

Estimated Nutrition Needs

_____ Total kcal _____ kcal/kg
_____ Protein (g) _____ % kcal _____ g/kg
_____ CHO (g) _____ % kcal
_____ Fat (g) _____ % kcal
_____ Fiber (g)
_____ Fe (mg)
_____ Ca (mg)
_____ Na max (mg)
_____ Fluid mL _____ cups _____ mL/kg



Additional Information: _____

Primary Dietary Issues: _____

Plan

Office use

Foods/Ideas to Emphasize: _____

Foods to Limit: _____

Foods to Avoid: _____

Other Notes: _____

Handouts Given: _____

Rx to Achieve Goals: _____

Understanding, Motivation, Ability to Follow Recommendations: Good Fair Poor

Goals (specific eating pattern, weight loss, clinical/biochemical parameters, etc): _____

No Plan/Menu Meal Plan Special Menu

Research Tasks: _____

Diet Name _____ One week _____ Two Weeks _____ One Month _____

Start Date : _____

Special Instruction _____

Dietitian's Name (Print) Dietitian's Signature Date