

STRATEGIC NUTRITION FOR HEALTH

Coaching Assessment Form

** Please complete the questions below as best you can. The information you provide will be kept confidential and is voluntary. However, the more information you are able to share, the more thorough I will be able to address your concerns and help you get the most out of our time together.

Demographics:

Name: _____

Address: _____

Preferred Phone #: _____

Email: _____

Age: _____

Sex: M / F

Height: _____

Weight: _____

Occupation: _____

How many in your household? Adults: _____ Children: _____

Health History:

1) What health concerns, if any, do you have at the present time?

___ Cancer

___ High Blood Pressure

___ Diabetes

___ High Cholesterol

___ Cardiovascular Disease

___ Sleep Apnea

___ Other (please explain): _____

2) Do you use tobacco products? ___ Yes / ___ No

If Yes, please list what kind and how often: _____

3) List any known food allergies or intolerances you have: _____

4) List any prescribed, over-the-counter, herbal, or vitamin supplements you take: _____

5) Do you enjoy or participate in any forms of physical activity? __Yes /__ No

If "Yes", please explain: _____

Diet History:

6) Do you follow a special dietary plan, such as, low cholesterol, kosher, vegetarian, low-fat, etc? _____

7) Have you followed any special diets in the past (Ex: Weight Watchers, Mediterranean, Jenny Craig, etc): _____

8) Are there certain foods that you do not eat? _____

9) Do you eat at regular times of the day? Please explain your daily schedule for meals and snacks: _____

10) Do you drink alcohol? __ Yes / __ No. How drinks per day/week?

What kinds of alcohol? _____

11) Who prepares most of the meals in your home? _____

Who Shops: _____

12) How often do you eat out? _____ Where (mostly): _____

13) Please add any additional information you feel may be relevant to understanding your current nutritional health and habits.

14) What changes would you like to see for yourself in the short term? What long term goals would you like to turn into reality in your life? (Examples: improve eating habits, learn to manage weight, improve activity level, improve cholesterol/diabetes, etc).

30 day: _____

Long Term: _____

15) What was your motivation to seek nutritional coaching at this time? _____

And what specific information do you hope to gain from our time together?

Healthy food preparation Food labels Weight management

Exercise tips Meal Planning/snacks Tips for eating out

Supermarket Shopping Alcohol calories/choices Snack ideas for kids

Other: _____