

## **PRE-CONSULTANT QUESTIONNAIRE**

Patient's Full Name:

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Patient's Date Of Birth:

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Address:

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Phone:

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Patient's Signature:

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Date:

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Please answer the following questions as honestly and as detailed as possible before we schedule an actual consultation session:

1. Why do you want to undergo nutrition counseling?
2. Are you currently taking any form of medication?
3. Please give a brief summary of your medical condition.
4. Are you allergic, intolerant or have any religious restrictions to any type of food?
5. Do you smoke?
6. Do you frequently drink alcoholic beverages?
7. Do you frequently exercise or are involved in any sporting activities?
8. What are your goals for taking nutritional counseling?

9. Please give a brief food history to include: breakfast, lunch, dinner/supper , snack?

Thank you for taking the time to answer these questions. We at **Nutrition on the Go, Inc.** look forward to being your nutritional guide and support as you work to take better control over your health. We hope to talk to you soon.