



Student _____ Faculty/Staff/Alumni _____ Community: _____

Nutrition Assessment Pre-Appointment Questionnaire

The following information will be kept confidential and used to appropriately assess your nutritional needs.

Name _____ Age _____ DOB _____ Gender _____

Phone # _____ Email _____

Occupation or part time employment: _____

If student: Year in school: _____ Area of Study: _____ Meal plan: _____

Best way to contact you (check one):

Phone: _____ Email: _____ Other: _____

1. How did you hear about WKU Nutrition Services?

2. Reason for appointment:

3. Height: _____ Current Weight: _____ Age: _____ Gender: _____

4. Describe any weight changes over the past year:

5. Food allergies or intolerances:

6. Medical Conditions:

7. Do you have access to cooking facilities? _____ If so, where? _____

8. Where do you eat your meals?

9. How much physical activity do you get in an average week?

10. Nutrition goal:

Consent for Nutrition Counseling and Education

I hereby consent to receive nutrition education and counseling. I understand that any medical information maintained by the WKU Health & Fitness Lab and/or the registered dietitian will not be available to any person or entity without a current authorization for release of information signed by me, including my insurance company, employer health benefit plans, or any other third party payer. I further understand that any information regarding my health status shall be maintained confidentially and will not be disclosed except in aforementioned instance. Furthermore, I will not hold the WKU Health & Fitness Lab and/or the registered dietitian liable for any illness or injury that may occur as a result of carrying out any exercise or other prescribe health/nutrition programs.

Date: _____ **Patient name (PRINT)** _____

Patient signature: _____ **Witness:** _____

Food and Beverage Log - Day 1

Record every single bite and drink you consume for three days.

	Food Eaten	Amount
Meal #1		
Meal #2		
Meal #3		
Meal #4		
Meal #5		
Meal #6		

Food and Beverage Log - Day 2

Record every single bite and drink you consume for three days.

	Food Eaten	Amount
Meal #1		
Meal #2		
Meal #3		
Meal #4		
Meal #5		
Meal #6		

Food and Beverage Log - Day 3

Record every single bite and drink you consume for three days.

	Food Eaten	Amount
Meal #1		
Meal #2		
Meal #3		
Meal #4		
Meal #5		
Meal #6		