



Nutrition Assessment Form

Name:

Phone Number:

Email address:

(Classification) Student
If Student, What Year are you?

Sex: M F

Height:

Weight:

Age:

Where do you live: On-Campus or Off-Campus (circle one)

Occupation (If not a student):

Are you doing this for WellU@ credit? (Circle One) Yes / No

Why do you want to see a Registered Dietitian? (Check all that apply)

<input type="checkbox"/>	Anemia
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Disordered Eating Concerns
<input type="checkbox"/>	General healthy eating concerns
<input type="checkbox"/>	High blood pressure

<input type="checkbox"/>	High cholesterol
<input type="checkbox"/>	Irritable bowel syndrome
<input type="checkbox"/>	Want to gain weight
<input type="checkbox"/>	Want to lose weight
<input type="checkbox"/>	Vegetarian or vegan eating
<input type="checkbox"/>	Increase muscle mass/increase level of physical activity

Other:

Medical History

Do you have...?

- | | | |
|-------------------------|-----|----|
| (1) Heart disease | Yes | No |
| (2) Diabetes | Yes | No |
| (3) High blood pressure | Yes | No |
| (4) Other, please list | | |

Are you taking any medications? Yes No

If yes, please list:

Do you use dietary supplements and or protein supplements? Yes No

If so, what type and for reason?

Describe Activity Level (Sedentary, Low-Activity, Moderate Activity, Very Active, Athlete):

Social History

Do you smoke? Yes No

Do you drink alcohol? Yes No

If yes, how many drinks per week? (1 drink = 1-12 oz. beer, 5 oz. wine, 1 ½ oz. liquor)

Currently following any type of nutrition diet? Yes No

If yes, what?

Do you avoid any foods? Yes No

If yes, why?

Do you have any food intolerances or allergies? Yes No

If yes, what?

Have you had success in previous weight loss efforts? Yes No

How were you successful?

What are the most frequented establishments you eat at WKU?

(Example: Fresh Food Company, Red Zone, Subway)

Do you cook? Yes No

If yes, how often?

Weight Assessment

Are you content with your current weight? Yes No

If not, do you want to: Gain weight Lose weight

What is your usual body weight?

What weight would you be satisfied to be at? (It is a weight that you would be happy to achieve.)

What is your current body fat composition?

Are you satisfied with this?

If you do not know it, would you like us to assess this for you?

Hydration Assessment

How much water do you drink each day?

How much soda, energy drinks, coffee, or tea do you drink each day?

General Questions

How would you generally describe your eating habits? (Circle what applies)

Good Fair Poor

How often do you eat less than 3 times a day? (Circle what applies)

Daily Almost Daily Weekly Rarely Never

What barriers, if any, stand in the way of you achieving your nutritional goals? (Check all that apply)

<input type="checkbox"/>	Time
<input type="checkbox"/>	Hunger
<input type="checkbox"/>	Stress
<input type="checkbox"/>	Influence of others

<input type="checkbox"/>	Money
<input type="checkbox"/>	Don't like to exercise
<input type="checkbox"/>	Not sure what to eat
<input type="checkbox"/>	Not a priority
<input type="checkbox"/>	Lack of motivation

Other: _____

Are there any nutrition issues/topics you wish to discuss or have clarified? If so, what?

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 prescribed health/nutrition programs.

Date: _____ Patient name :(PRINT) _____

Patient signature: _____ Witness: _____

Food Record

The Food Record is MANDATORY! We will not meet with you if it is not completed.

Please provide us with a 3 day food record. This will help us see your current habits, trends, and make better suggestions for your food intake.

Please contact me with any questions.

Sincerely,

Kelci Murphy, RDN, LD
kelci.murphy@wku.edu
(270)745-4650

Tips for a Great Food Diary

1. Write down EVERYTHING you consume each day.
2. Write it down when you eat it. If you wait until the end of the day you may not remember it.
3. Write down:
 - a. Sips and tastes of foods
 - b. Include all condiments and spices
 - c. Don't forget sauces, gravies, etc. that were on your food
 - d. All beverages that you drink during the day
4. List the specific/exact foods that you ate.

Examples:

Not Appropriate	Appropriate
Potatoes	1 cup of French Fries
Chili	1.5 cups Beef Chili
Yogurt	2 cups Plain Greek Yogurt

5. Carrying a little pocket notebook around is encouraged so that you can keep up with what you ate.
6. Be honest. The nutrition counseling sessions are to benefit you. You will not reap rewards if you record that you had 1 cup of ice cream, when you really had 5.
7. Do not change your eating habits while keeping a food diary.
8. If you do not know portion sizes (i.e. $\frac{1}{2}$ cup), please write down what your portion looks like, example: steak the size of a deck of cards, scoop of peanut butter the size of a golf ball.
9. Please include if you had any activity/exercise that day.