

Mindful Solutions NJ, LLC

Nutrition Therapy Intake Form

The information requested on this form is intended to be helpful to you and your therapist in the provision of the best possible services to you. If there is any question that you would prefer not to answer, please feel free to leave blank and discuss in session.

Name: _____ Date: _____

Height: _____ Weight: _____ Ideal Weight: _____

Highest Adult Weight: _____ Year: _____ Lowest Adult Weight: _____ Year: _____

When was the last time you felt well?

Did something trigger your change in health?

What would you like help with at this time?

Nutrition

Have you ever had a nutritional consult?

Please list food allergies:

Please list any special dietary restrictions/habits you have:

What foods do you crave, if any?

What are your favorite foods?

Do you typically eat fresh, whole foods OR fast and/or processed foods (such as McDonald's)? _____

Please describe any changes you have made to your diet to improve your health: _____

How is your digestion? _____

Are you happy with your current weight? _____

What have you used in the past to control your weight? (Weight Watchers, Jenny Craig, juice fasts, etc) _____

How would you describe your relationship with food? _____

Do you typically eat alone OR with friends/family members? _____

Do you typically eat meals while sitting at the dining room or kitchen table OR do you eat while standing at the counter? _____

Please check TRUE or FALSE for the following:

***Feel free to make a note in the margin if you want to share further information about a statement.**

I am always on a diet. _____ TRUE _____ FALSE

I count calories, fat grams, etc. _____ TRUE _____ FALSE

I have vomited, starved myself, abused laxatives, or exercised excessively to lose weight. _____ TRUE _____ FALSE

I weigh myself frequently, usually once or more a day. _____ TRUE _____ FALSE

I drink a lot of coffee and/or diet soda to stop myself from eating. _____ TRUE _____ FALSE

I eat a certain way in front of people and completely differently when I'm alone. _____ TRUE _____ FALSE

I trust that if I eat when I am hungry and stop when I am full, that I will not gain weight. _____ TRUE _____ FALSE

I am often in a rush to eat because of my busy life; eating while driving, at my desk at work, at my computer, while on the phone, etc. _____ TRUE _____ FALSE

I regularly eat sweets like donuts, muffins, cookies, candy, etc. _____ TRUE _____ FALSE

I regularly eat fried or salty foods like chips, fried chicken, etc. _____ TRUE _____ FALSE

Before eating, I check in with myself to see how hungry I am. _____ TRUE _____ FALSE

I constantly think about food. _____ TRUE _____ FALSE

I feel powerless or out of control around food, sometimes eating so far past full that it hurts. _____ TRUE _____ FALSE

I eat for reasons other than hunger (e.g. anxiety, anger, loneliness, boredom). _____ TRUE _____ FALSE

Food feels like a friend to me. _____ TRUE _____ FALSE

Sometimes when I'm alone, I eat in ways I wouldn't want anyone else to see. _____ TRUE _____ FALSE

I often think, "Once I lose weight, I'll be happy in my life." _____ TRUE _____ FALSE

Being overweight makes me feel safe, invisible, less vulnerable, and/or harder to push around. _____ TRUE _____ FALSE

I'd feel pressure to live up to higher standards if I were thin. _____ TRUE _____ FALSE

I feel disgusting and unlovable because of my weight. _____ TRUE _____ FALSE

I wouldn't panic if I gained a few pounds. _____ TRUE _____ FALSE

I eat in secret. _____ TRUE _____ FALSE

I often feel guilt and shame after I eat something I think I shouldn't. _____ TRUE _____ FALSE

I feel as though I can't stop when I start eating certain foods. _____ TRUE _____ FALSE

I avoid certain situations because of food. _____ TRUE _____ FALSE

I avoid certain situations because I'm not happy with how I look. _____ TRUE _____ FALSE

I dine with others, then, afterward, binge by myself. _____ TRUE _____ FALSE

I often reward myself with food: "I worked hard today, I deserve this cake." _____ TRUE _____ FALSE

I can easily leave some cookies on the plate because I know I can have some tomorrow. _____ TRUE _____ FALSE

3 DAY FOOD JOURNAL

1. Please write down all food & drinks, including water, and the time they were consumed.
2. Do not change your eating behavior; the purpose of this food journal is to analyze your current eating habits.
3. You do not have to fill in all of the boxes.
4. Describe the food or beverage consumed, i.e. milk - what kind? (soy, almond, whole, 2%, nonfat); toast (whole wheat, white, buttered); chicken (fried, baked, breaded), etc.
5. Record the amount of each food consumed using standard measurements as much as possible, such as 8 ounces, 1/2 cup, 1 teaspoon, etc.

Day 1	Day 2	Day 3
Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch	Lunch	Lunch
Snack	Snack	Snack
Dinner	Dinner	Dinner
Snack	Snack	Snack

Supplements: Please list all **nutritional supplements, herbs** you are currently taking. Use a separate sheet if needed.

SUPPLEMENTS:

SUPPLEMENT Name	Dosage	Frequency	Length of Time	Purpose

Physical Activity & Lifestyle

What kind of physical activities do you do? _____

Are you satisfied with your energy level? _____

Are there any problems/limitations that inhibit your physical activity? _____

Fill in the appropriate boxes:

Activity	Type(s)	Days per week	Duration
Stretching/Yoga			
Strength Training			
Aerobic/Cardio			
Other (please specify)			

What do you do for relaxation? _____

How many hours of sleep do you get a night? _____ Do you sleep well? _____

CLIENT AGREEMENT WITH NUTRITIONIST

1. I fully understand that Mary Jean Padalino is a clinical nutritionist and is NOT a licensed medical doctor. I also understand that diagnosis or treatment for any disease or health condition is beyond the scope of any nutritionist. If I have any disease, health problem, or health condition, I am now being advised to seek qualified advice from a licensed physician.
2. I understand that Mary Jean Padalino teaches clients how to support one's health through training in the effective use of lifestyle modification, pollution avoidance, proper foods, rest, exercise, meditation, goal orientation, positive mental attitudes, stress reduction techniques, and adjustments of factors affecting overall health.
3. I realize that any evaluations including dietary practices are not medical in nature and are not used for diagnosis or treatment of any health condition or disease. I know that such evaluations are not approved by any branch of the medical profession and are not approved by the Food and Drug Administration.
4. I understand that the review of any medical tests I bring with me is for educational and monitoring purposes only and NOT for the purpose of diagnosing or treating any disease or health condition.
5. Recommendations, suggestions, and reference to meals, menus, or nutritional supplements are for general health maintenance, increased stamina, and energy and do NOT involve nor imply any diagnosing, prognostication or prescribing for the treatment of any disease or health condition.
6. I have notified Mary Jean Padalino of any and all medications and/or supplements that I take and/or existing physical and medical limitations or conditions.
7. I have read and understand what is written above. My signature below signifies that I agree to retain the above Certified Nutrition Specialist to educate me through lecture, testing evaluation, and demonstrations in methods available for me to help myself to improve my overall general health. I hereby waive and hold Mary Jean Padalino harmless from any and all claims arising from this agreement and/or participation in her nutritional program(s).

Client signature _____ Date _____