

NUTRITION INTAKE FORM

Patient Name: _____ ID Number: _____

Age: _____ Gender: _____ Weight (lbs): _____

Dietary History:

Please describe your usual diet, including typical foods consumed, meal patterns, and any dietary restrictions or preferences.

Allergies and Intolerances:

List all known food allergies or intolerances. If none, please state 'None'.

Medical Conditions:

List any medical conditions, including diabetes, hypertension, gastrointestinal disorders, or others relevant to nutrition.

Medications and Supplements:

List all medications, vitamins, and supplements currently taken, including dosages and frequency.

Physical Activity Level:

Describe your typical level of physical activity, including exercise routines, frequency, and intensity.

Hydration Status:

Describe your typical fluid intake, types of beverages consumed, and any concerns regarding hydration.

Special Diets or Nutrition Goals:

Indicate if you are following any special diets (e.g., vegetarian, ketogenic, gluten-free) or have specific nutrition goals.

Additional Comments or Concerns:

Provide any additional information that may assist in the nutrition assessment.

PATIENT SIGNATURE

NUTRITIONIST SIGNATURE

Signature: _____

Signature: _____

Legal Notice:

This Nutrition Intake Form is intended to facilitate the collection of nutritional information and is compliant with applicable United States laws, including HIPAA. The information provided will be used solely for nutrition assessment and counseling purposes. By signing below, the patient acknowledges the accuracy of the information provided and consents to its use in accordance with privacy regulations and professional standards.

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