

## Nutrition Self-Assessment

Nutrition plays a major role in a child's health, growth and development. In order to make your (or your child's) upcoming appointment as beneficial as possible, please take a few moments to fill in the nutrition self-assessment. Please bring this form to your initial appointment for the dietitian to review.

**Patient Name:** \_\_\_\_\_ **Height & Weight:** \_\_\_\_\_

**Food Frequency:**

Please check the box that best describes how often you eat the following foods:

Food	1-2 per day	3-4 per day	>4 per day	Weekly	Monthly	Never
Whole Grains						
Fruits						
Vegetables						
Poultry/Meat/Fish						
Milk/ milk alternative						
Cheese/ Yogurt						
Soda						
Fast Food/ Take out						
Sweets						

**General Questions:**

Are you on a special diet (ex: vegan, low fat)? Yes/No: if yes, what diet? \_\_\_\_\_

Have you experienced any unplanned recent weight loss? Yes/No: if yes how much? \_\_\_\_\_

Have you experienced any unplanned recent weight gain? Yes/No: if yes how much? \_\_\_\_\_

Do you have any food allergies or intolerances? If yes, please list below:

\_\_\_\_\_

What are your specific nutrition concerns?

\_\_\_\_\_

\_\_\_\_\_

Are there specific topics or goals you'd like the dietitian to cover or help with?

\_\_\_\_\_

\_\_\_\_\_

**Questions continued on next page-**



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## 24 Hour Diet Recall

Please fill in the following diet recall of the foods (including beverages) that you (the patient) ate yesterday. Please complete this form to the best of your ability.

Meal or Snack	Did You Eat Something? If so, what?
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	

Do you feel the above represents a typical day of eating for you? Yes/No

If no, why is it different?

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Thank you for taking the time to fill out this form. It will allow us to make the best use of our time at your upcoming nutrition appointment.



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