NUTRITION COUNSELING
REQUEST FORM

Name_____

Address_____

City_____ State_____ Zip Code_____

Phone_____Cell _____

Email_____

Age_____ Gender _____ Height_____ Weight_____

Do you have history of:	Y	N
Cancer	☐	☐
Diabetes	☐	☐
Heart Disease	☐	☐
High Cholesterol	☐	☐
High Blood Pressure	☐	☐
Osteoporosis	☐	☐
Thyroid Disorder	☐	☐
Other	☐	☐

If other, please explain:

_____

_____

_____

_____

Do you have issues with:	Y	N
Appetite	☐	☐
Diarrhea	☐	☐
Sudden Weight Change	☐	☐
Chewing or Swallowing	☐	☐
Stress	☐	☐
Constipation	☐	☐
Indigestion	☐	☐
Bloating	☐	☐
Sleep		

List food allergies or intolerances

_____

_____

_____

Do you:	Y	N
Smoke?	☐	☐

How much?

_____

Drink Alcohol?	☐	☐

How often?

_____

Family Health & Mental Health History

Mother: _____

Father: _____

Brother(s): _____

Sister(s): _____

Other: _____

List any prescribed, over-the-counter, herbal or vitamin/mineral supplements you currently take.

_____

_____

_____

Please specify. _____

Have you ever followed a special diet? Please explain.

_____

Are there any foods that you cannot/prefer not to eat?

_____

Do you wish to lose weight? _____ If so, what is your goal weight? _____

Current activity level:

☐ Sedentary ☐ Moderately Active ☐ Very Active

Do you participate in any physical activity? _____ If yes, what activities & how many hours per week?

_____

What changes would you like to make? (Please check all that apply)

- ☐ Improve my eating habits
- ☐ Improve my activity level
- ☐ Learn to manage my weight
- ☐ Improve blood pressure numbers
- ☐ Other

If other, please explain

_____

Have you ever received counseling from a Dietician or Nutritionist? _____ (yes) _____ (no)

Who prepares the meals in your home? _____

Who does most of the shopping for food? _____

Do you use convenience foods daily? (ie. microwavable, fast food.. etc.) _____

How often do you go out to eat per week? _____ Where?_____

Please add any additional information that you feel may be relevant to understanding your nutritional health

_____

_____

_____

What type of Nutrition Counseling are you requesting? *Please check website for pricing.*

- ☐ 1-Hour Session(s) – Individual ☐ 1-Hour Session(s) – Buddy (price is per person)
- ☐ 3-45 Minute Sessions – Virtual Individual
- ☐ 6-45 Minute Sessions – Virtual Individual

I understand that nutrition information provided by YMCA staff is NOT meant to replace competent medical care or treatment for any health problem or condition. I understand that the YMCA Nutritionist/Dietitian is not a physician and are NOT licensed by the state of Michigan to diagnose or treat disease.

Print Name _____

Signature _____ Date _____