



**Full Circle Nutrition  
Pre Appointment Form**

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Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Payment Insurance Type Private Pay \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip+4 \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_  
Referred by \_\_\_\_\_ How did you learn about the dietitian? \_\_\_\_\_

Reason for Dietitian Visit? \_\_\_\_\_

Current Medical Diagnosis? \_\_\_\_\_ Family Disease History (current or past) \_\_\_\_\_

Current Prescriptions? \_\_\_\_\_

Supplements? \_\_\_\_\_ Herbs? \_\_\_\_\_ Surgeries? \_\_\_\_\_

**Circle the adjectives that describe your eating style the majority of the time. If not listed, write it in.**

- snacker
- grazer
- large meals
- small meals
- sweets eater
- Fast foods
- Convenience foods
- Budget restricted
- social eater
- soda/juice/sugary beverage drinker
- Rich foods-saucy, cheesy, creamy
- salty foods
- sodium rich foods
- packaged foods
- finisher
- emotional / stress eater
- eat w/out hunger
- bored eater
- distracted eater
- guilt from eating
- binger
- purger
- meal skipper
- Calorie Focused
- restrictor
- eat in private
- rewarder
- force self to eat
- Food tracker
- protein focused
- carb lover
- calorie focused
- veggie avoider
- fruit aholic

**Please list 7 to 10 of YOUR most commonly eaten foods weekly**

\_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you drink alcohol? \_\_\_\_\_ Are you a vegetarian or vegan? If yes, how long? How strict? (lacto/ovo non traditional: pescos, flexitarian) \_\_\_\_\_ Are you following a prescribed diet or have special dietary needs? \_\_\_\_\_

Food allergies? If yes, what food(s) and what happens? \_\_\_\_\_ Food intolerance? What food(s) and what happens? \_\_\_\_\_ Usual Body Weight \_\_\_\_\_

Goal weight? \_\_\_\_\_ How many days do you work out at a moderate level for 30 minutes or more? \_\_\_\_\_ Meals Per Day \_\_\_\_\_ Snacks Per Day \_\_\_\_\_ How many servings of Calcium Rich Foods do you eat? (examples of 1 serving = 8 oz milk /soy rice or almond milk, 8 oz yogurt, 1 oz cheese, 1 cup cooked kale, 3oz canned fish with bones) \_\_\_\_\_

How many ounces of fluid do you usually drink per day? Count ALL Fluids (coffee, tea, soda, juice, milk, sugary drinks, water) \_\_\_\_\_ Ounces of soda, sugary drinks /juice \_\_\_\_\_ Ounces of coffee or tea only \_\_\_\_\_ How many serving of vegetables do you eat? (1 svg = 1/2 cup cooked, 1 cup fresh, or 3oz leaves (3cups loosley packed) \_\_\_\_\_

Have you lost weight unintentionally in the last 6 months to 1 year? If yes, how much? In what time frame? \_\_\_\_\_ If you would like to lose weight, how much do you want to weigh? \_\_\_\_\_ By when? \_\_\_\_\_

When it is daylight outside, are you usually indoors? \_\_\_\_\_ Do you get less than 5 hours sleep often? If yes, how often? \_\_\_\_\_ Do you get Acid Reflux? \_\_\_\_\_ Do you get diarrhea or constipation for more than 3 days in a row? \_\_\_\_\_