



**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? _____