



Full Circle Nutrition
Pre Appointment Form

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

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?, Are you following a prescribed diet or have special dietary needs?

Food allergies? Food intolerance? How many days do you work out at a moderate level for 30 minutes or more?

Usual Body Weight, Goal weight, Meals Per Day, Snacks Per Day, How many servings of Calcium Rich Foods do you eat?

How many ounces of fluid do you usually drink per day?, Ounces of soda, Sugary drinks /juice, Ounces of coffee or tea only, Servings of vegetables eaten/day?

If you want to lose weight, how much?, By when?, Have you lost weight unintentionally in the last 6 months to 1 year?, When it is daylight outside, are you usually indoors?

Do you get less than 5 hours sleep often?, Do you get Acid Reflux?, Do you get diarrhea or constipation for more than 3 days in a, What is your current blood pressure?

- What to bring to the appointment: (1) This form filled out (pre-appointment paper work)
(2) These forms filled out and signed: Consent form, medical release form, financial policy, Privacy Policy pg.1,
(3) Insurance forms filled out: Insurance authorization and assignment, medicare/medicaid/other, any referrals
(4) a three to seven day written or picture food diary (camera phone works)
(5) Current Lab work