

# MEDICAL NUTRITION TREATMENT NOTES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for visit: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Person/s who suggested appointment: \_\_\_\_\_

## MEDICAL HISTORY:

List all **medications** you are taking right now along with all **health conditions** that you currently suffer from:

\_\_\_\_\_  
\_\_\_\_\_

Family history (please circle): diabetes cancer high cholesterol high blood pressure heart attack stroke

List any other health conditions that run in your family that you do not currently suffer from: \_\_\_\_\_

List any supplements you take (such as vitamins): \_\_\_\_\_

## DIETARY HISTORY:

How many **meal-sized** portions do you eat a day? \_\_\_\_ How many **snack-sized** portions? \_\_\_\_

What time do you have lunch at school? \_\_\_\_\_ Bring or buy? \_\_\_\_\_

Do you have a scheduled snack time at school? \_\_\_\_ If so, when is it? \_\_\_\_\_

How often do you eat out, or get take-out? \_\_\_\_\_ per (circle) **day week month**

Who shops for food? \_\_\_\_\_ Who prepares meals? \_\_\_\_\_ For how many? \_\_\_\_

Do you participate in gym class? Yes or No What and how often? \_\_\_\_\_

Do you play sports? Yes or No What and how often? \_\_\_\_\_

List physical activities you do routinely solely for exercise: \_\_\_\_\_

\_\_\_\_\_

List any food intolerances or food allergies: \_\_\_\_\_

## PERSONAL HISTORY:

List the people you live with: \_\_\_\_\_

What grade are you in? \_\_\_\_\_ Do you like school? \_\_\_\_\_

## PHYSICAL: *(Please fill in what you can or leave the space blank)*

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Actual weight: \_\_\_\_\_ BMI: \_\_\_\_\_

Currently, are you (circle): gaining weight, losing weight, or maintaining your weight?

Height: \_\_\_\_\_ Height one year ago: \_\_\_\_\_ Clothing size: \_\_\_\_\_

Typical percentile weight for height: \_\_\_\_\_

Cholesterol: \_\_\_\_\_ Fasting Blood Sugar: \_\_\_\_\_ A1C: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ List any abnormal lab values: \_\_\_\_\_