Office Use Only

Counselor Name: ____________________ Appt Date: ___________ Appt Time: _________ Receptionist: __________________

Informed Counselor of Appointment: ☐ In person ☐ Phone ☐ Voice Message Initials:______ Date:________ Time:________

NUTRITION COUNSELING
CONFIDENTIAL INTAKE FORM
CALIFORNIA STATE UNIVERSITY, LONG BEACH

Name: Today's Date:

Student ID# Cell Phone:

Do not type dashes or spaces. Do not type dashes or spaces.

Occupation: Date of Birth:

Sex: ○ Male ○ Female ○ Transgender Age: Height: Weight: Ideal Weight:

Referred by: ○ Self-referred ○ Clinician ○ Instructor ○ Friend ○ Other, please specify:

Have you ever had a nutrition course? ○ Yes ○ No If yes, where?

Reason for visit:

- ☐ General nutrition/better eating habits
- ☐ Diet for weight loss
- ☐ Diet for weight gain
- ☐ Vegetarian diet
- ☐ Sports nutrition
- ☐ Other (specify):
- ☐ Anemia
- ☐ Constipation
- ☐ Hypertension (high blood pressure)
- ☐ Hypoglycemia
- ☐ Eating Disorder

Are you under a clinician's care for a condition or illness? ○ Yes ○ No If yes, for which condition/illness?

Have you been diagnosed by a clinician for a nutrition-related problem (such as anemia, high cholesterol, hypoglycemia, gastrointestinal problem, thyroid disorder, etc.)? ○ Yes ○ No **If yes, please specify**:

If you believe you have a nutrition-related problem or metabolic disorder, you must see a clinician for an acurate diagnosis.

What if anything, have you done previously to manage your nutrition-related concerns?

(Please turn the page over and continue)

Current medications:

Vitamins/minerals/herbal supplements:

Reasons for taking:

Exercise:

Do you exercise? ◯Yes ◯No If not, why?

TYPE OF EXERCISE	HOW OFTEN? Times/Week	FOR HOW LONG? Minutes or Hours

How long have you been on this exercise program?

Food Choice Inventory:

Do you have any ethnically specific food preferences (i.e., Chinese, Filipino, Mexican, etc.)?

◯Yes ◯No If yes, specify:

Food dislikes:

Food allergies/intolerances:

Meal Planning:

Who plans your meals? Who cooks?

Who shops? Is a list used?

Dining Out:

How often do you eat out/week?

Do you eat at:

Fast food restaurants? ◯Yes ◯No Times per week:

Other Restaurants? ◯Yes ◯No Times per week:

Other people's homes? ◯Yes ◯No Times per week:

Beverages:

Do you drink alcohol? ◯Yes ◯No What type? Weekly amount?

Do you drink coffee/tea? ◯Yes ◯No Reg/Decaf? Daily amount?

Do you drink water? ◯Yes ◯No Daily amount?

Do you drink soda (include diet and non-diet)? ◯Yes ◯No Daily amount? Regular: Diet:

What other beverages? Daily amount?

What do you feel are your "worst" food habits?