

### NUTRITION INTAKE

#### Personal Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Phone (primary) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

(secondary) \_\_\_\_\_

Contact's Phone \_\_\_\_\_

How did you hear about Wellville? \_\_\_\_\_

#### Health Information

Please list all serious injury, past and current: \_\_\_\_\_

\_\_\_\_\_

Please list any and all surgeries: \_\_\_\_\_

\_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Please list any illnesses or diagnosed medical conditions: \_\_\_\_\_

Please list any medications/supplements and their use: \_\_\_\_\_

Describe your exercise routine? \_\_\_\_\_

Describe relaxation techniques you employ in your life? (bodywork, meditation, creative pursuits) \_\_\_\_\_

\_\_\_\_\_

#### Food & Digestion

List digestive issues (acid reflux, bloating, gas, constipation, diarrhea etc): \_\_\_\_\_

List other issues (mood swings, depression, insomnia etc): \_\_\_\_\_

How often do you have bowel movements & are they effortless? \_\_\_\_\_

List food sensitivities you are aware of: \_\_\_\_\_

Typical Breakfasts: \_\_\_\_\_

Typical Lunch: \_\_\_\_\_

Typical Dinner: \_\_\_\_\_

Beverages (include alcohol): \_\_\_\_\_

Snacks (do you snack in between meals? how often per day? What do you snack on?) \_\_\_\_\_

\_\_\_\_\_

Do you adhere to a particular way of eating such as paleo, gluten free, low sugar, low sodium? \_\_\_\_\_

\_\_\_\_\_

What processed foods do you consume often? (Processed means anything not in it's original form – junk food, pasta, bread): \_\_\_\_\_

Favorite foods or types of food (ie Mexican, Chinese) \_\_\_\_\_

Least favorite foods \_\_\_\_\_

## Lifestyle

What are your personal and health-related goals as related to this service (cooking, shopping, eating out, informational)?

How would you describe your life & lifestyle (single, married, kids, stressed, too busy, slow paced, etc)?

What are your biggest health challenges?

What are the biggest obstacles you face in being able to stick to a health regimen?

Do you believe you can effect a change in your health via diet and nutrition?

## Consent

I affirm that I have stated all information and have answered all questions honestly. I understand that service is NOT a substitute for medical examination, treatment, or diagnosis. For these concerns, I will seek the advice of a medical professional.

All services are non-sexual. Both the therapist and I have the right, at any time, to terminate a session.

I understand Wellville requires a 24 hour notice for all reschedules and cancellations with the only exception being medical emergencies for me or a member of my immediate family. Missed appointments will be charged at 50% of the scheduled service. I accept payment for missed appointments if I fail to provide the required notice.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_