

Oakdale OB/GYN

Nutrition Consultation

Name:

Date of birth:

What are your goals for your nutrition consultation?

Please list any NEW lab tests you have had at other offices since you were last seen in our office

Lab	Result	Date
Blood Glucose		
Total Cholesterol		
LDL Cholesterol		
HDL Cholesterol		
Triglycerides		

Have you been advised to follow a special diet?

Who purchases food for your home?

Who prepares meals at home?

How many meals per week do you eat out?

Favorite restaurants?

Do you regularly engage in physical activity? 1/week 2-3/week 4 or more/week No formal exercise

If yes, please explain your activities, intensity, and time:

Please provide an example of the meals and snacks that you consume on a "typical day":

Meal or snack	Time of day	Typical foods (please write "nothing" when applicable)	Typical portion (amount eaten)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			
Evening snack			
Overnight snack			

Personal Medical History relevant to nutritional health: Please check if you have or have had the following:

Gastro-intestinal

- Celiac disease
- Constipation
- Crohn's disease
- Diarrhea
- Diverticular disease
- Dysphagia
- Gastric reflux disease
- Hemorrhoids
- Irritable bowel (IBS)
- Lactose intolerance
- Ulcers

Respiratory/Pulmonary

- Asthma
- COPD
- Cystic Fibrosis
- Emphysema
- Pneumonia
- Sleep apnea

Hematology / Blood

- Anemia: Type
- Bleeding disorder
- Thalassemia

Hepatic / Pancreatic

- Cirrhosis
- Gallbladder disease
- Hepatitis
- Pancreatitis

Renal

- Chronic kidney disease
- Dialysis
- Kidney failure
- Kidney stones
- Nephritis

Urinary

- Incontinence
- Urinary Tract Infections

Cancer

- Type:
- Type:
- Type:

Cardiovascular

- Angina/chest pain
- Cardiovascular disease
- Heart valve disease
- High blood pressure
- High cholesterol
- Peripheral artery disease
- Previous heart attack

Hormonal / Endocrine

- Acanthosis nigricans
- Gestational Diabetes
- Diabetes: Type
- Growth problems
- Hypoglycemia
- Metabolic syndrome
- Pre-diabetes
- Skin tags
- Thyroid disease

For females

- Currently pregnant
- Irregular periods
- No periods
- Peri-menopausal
- Polycystic ovary disease
- Post-menopausal

Musculo-skeletal

- Arthritis, type
- Chronic fatigue
- Fibromyalgia
- Gout
- Lupus
- Osteopenia
- Osteoporosis

Neurological

- Alzheimer's
- Epilepsy
- Headaches
- Migraines
- Multiple Sclerosis
- Parkinson's Disease
- Sleep difficulties
- Stroke

Mental health

- Addiction
- Anorexia
- Binge eating
- Bulimia
- Compulsive overeating
- Depression
- Other:

Other

- Recurrent infections
- Skin rashes
- Other:

List all surgeries/dates:

Allergies

- Foods _____
- Medications _____

Current height _____

Current weight _____