



Nutrition Assessment Form

Name:

Phone Number:

Email address:

(Circle one) Student/faculty/Community
If Student, What Year are you?

Sex: M F

Height:

Weight:

Age:

Where do you live: On-Campus or Off-Campus (circle one)

Occupation (If not a student):

Describe Activity Level (Sedentary, Low-Activity, Moderate Activity, Very Active, Athlete):

Any physical activity goals? (Example: Increase muscle mass, run a 5K, increase flexibility, etc.)

Medical History

Do you have...?

(1) Heart disease Yes No

(2) Diabetes Yes No

(3) High blood pressure Yes No

(4) Other, please list



Are you taking any medications? Yes No

If yes, please list:

Do you use dietary supplements and or protein supplements? Yes No

If so, what type and for reason?

Social History

Do you smoke? Yes No

Do you drink alcohol? Yes No

If yes, how many drinks per week? (1 drink = 1-12 oz. beer, 5 o. wine, 1 ½ oz. liquor)

Currently following any type of nutrition diet? Yes No

If yes, what?

Do you avoid any foods? Yes No

If yes, why?

Do you have any food intolerances or allergies? Yes No

If yes, what?

Have you had success in previous weight loss efforts? Yes No

How were you successful?

What are the most frequented establishments you eat at WKU?

(Example: Fresh Food Company, Red Zone, Subway)

Do you cook? Yes No

If yes, how often?

Weight Assessment

Are you content with your current weight? Yes No

If not, do you want to: Gain weight Lose weight

What is your usual body weight?

What was your weight?

6 months ago: _____ 1 year ago: _____ 5 years ago: _____

What weight would you be satisfied to be at? (It is a weight that you would be happy to achieve.)

How long would you expect to reach your acceptable weight? (1 month, 1 year...)

**Are you attempting to follow a certain number of calories per day? If so, how many?
Where did this number of calories come from? (ie: website, another dietitian)**

__ Yes How many calories? From what source?

__ No

**Do you attempt to follow various percentages for carbohydrates, proteins, and fats?
If so, what are those percentages?**

__ Yes

__ No

Miscellaneous

Are there any nutrition issues/topics you wish to discuss or have clarified? Yes

No

If yes, please state the topics.

Consent for Nutrition Counseling and Education

I hereby consent to receive nutrition education and counseling. I understand that any medical information maintained by the WKU Health & Fitness Lab and/or the registered dietitian will not be available to any person or entity without a current authorization for release of information signed by me, including my insurance company, employer health benefit plans, or any other third party payer. I further understand that any information regarding my health status shall be maintained confidentially and will not be disclosed except in aforementioned instance. Furthermore, I will not hold the WKU Health & Fitness Lab and/or the registered dietitian liable for any illness or injury that may occur as a result of carrying out any exercise or other prescribe health/nutrition programs.

Date: _____ **Patient name :(PRINT)** _____

Patient signature: _____ **Witness:** _____

Food Record (you have two options: online or handwritten)

Online Version:

This will allow us to take a better look at your current habits and identify what changes we may need to make to your diet. Once you have entered your food record you will receive a summary report with the calories contained in your current diet and when we meet we will go over your food record in more detail. Please enter your information into Food Prodigy prior to our appointment.

To get started:

1. Go to <http://www.foodprodigyonline.com/ui/registration> and type in your email address.
2. Enter a unique Password. (you create this)
3. Enter this Subscription ID: f184-4097-49a2-8013
4. Once you have created an account, you can go to www.foodprodigyonline.com to track your food intake. Use the email and password you registered with to log in to this account.

Use the Food Prodigy™ program to enter your diet information for three days.

Please contact me with any questions.

Sincerely,

Brandi Breden, RDN LD

WKU Campus Registered Dietitian Nutritionist

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