**Nutrition Assessment Form PDF**

### **Personal Information** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Dietary Habits**

Daily Intake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Preferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Health Information**

Medical History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Recent Lab Tests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Physical Activity Level**

☐ Sedentary ☐ Lightly Active ☐ Moderately Active ☐ Very Active

### **Goals**

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

### **Signature and Date**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_