



Real Life Nutrition, Inc.

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Nutrition Assessment

Name:		Address:	
Phone:		Gender:	Age:
Email:			
Height ___ feet ___ inches	Weight :	Weight gained in 6 months:	
Waist circumference in inches	Minutes exercise per week	Weight lost in 6 months:	
Intensity level - Walking a 15 minute mile is moderate, walking 25 minute mile is light		Smoke yes/no packs/day	Meals out/takeout per week:
Meals cooked at home per week:	Convenience food (frozen /packaged) meals per week:	How many meals/day:	Snacks/day:
Will you have family participation or support?	Occupation:	Family history:	
Medical history - Circle all that apply: Heart disease High blood pressure high cholesterol Diabetes Kidney disease Liver disease Cancer/leukemia Asthma arthritis Back problems COPD emphysema Arthritis Anemia alcoholism Chronic Constipation Chronic diarrhea Crohn's Disease Gluten sensitive Obesity Other			
Medication and Dose:			
Record all the foods you eat on one typical week day and one typical weekend day. Make sure to include one splurge or meal out. Include portion sizes and condiments such as mayonnaise and salad dressings. The more specific you are, the more I can help you.			
Week Day food Recall			
B	L	D	
How many Snacks? Example		How many days/week do you eat like this?	
Week end food recall			
B	L	D	
How many Snacks? Example		How many days/week do you eat like this?	
What are your Goals or Learning Objectives			