NUTRITION ADVANTAGE
New Client Form

Name_____ Date:_____

Health Data:

CURRENT HEALTH PROBLEMS/MEDICAL CONDITIONS THAT YOU ARE BEING TREATED FOR:

_____

_____

CURRENT MEDICATIONS AND SUPPLEMENTS: List what you are taking and for what indication.

Medication	Indication	Medication	Indication

- **EXERCISE:** ___ None _____ Minimal _____ Moderate _____ Vigorous

Do you have exercise equipment at home? _____ NO _____ YES If yes, what kind? _____

_____

_____

Other Info: _____

_____

Do you track your food intake? _____ NO _____ YES If so, what kind of energy level do you stay at?

_____

Where do you get your health information? _____

_____

Age of first diet/diet history: _____

Do you like to cook? _____ How many people do you typically cook for? _____

- **STRESS LEVEL:** _____Low/Normal _____ Moderate _____ High

Other Info: _____

- **SLEEP:** How many hours on average do you sleep? _____

How would you describe the quality of your sleep?_____

- **HISTORY OF CIGARETTE USE:** _____ Current _____ Former _____ Never

VAPING/CIGAR/PIPE USE: _____ Current _____ Former _____ Never

If yes: _____ Years of smoking _____ Year first started _____ Amount/Packs a Day _____

Year patient stopped _____ Other info: _____

- **HISTORY OF ALCOHOL USE:** _____ Current _____ Former _____ Never

If yes, _____ Years of drinking _____ Year first started _____ Number of drinks a day

- **GI INFORMATION** Please describe any gastrointestinal concerns that you are currently experiencing.

_____

- **EATING HABITS:** Check any that apply to you.

_____ Eating while preparing meals

_____ Eating when not hungry

_____ Eating late at night

_____ Frequent social/ Restaurant eating

_____ Eating rapidly

_____ Eating Unconsciously/ Mindlessly

_____ Eating past fullness

_____ Binge eating

_____ Eating secretly

_____ Waking up in the middle of the night to eat

_____ Eating when too hungry

_____ Eating in response to the clock

_____ Skipping Meals

_____ Eating while reading / Watching TV/ Computer

_____ Eating in rooms besides the kitchen

_____ Eating while driving

_____ Eating on the run

_____ Eating more on the weekends