

PRE-ASSESSMENT FORM

First name: _____ Last name: _____

Date of birth: _____ Female Male

Height: _____ cm Weight: _____ kg

A) General Health Background

1. Please list the main health and nutrition concerns that you'd like to address.

a) _____

b) _____

c) _____

2. Do you have any medical conditions that have been diagnosed by your doctor?

3. Have you had surgery or major illness/injury in the past two years? Please describe.

4. Please list all prescription medications and nutritional/herbal supplements that you are currently taking.

5. Please describe your lifestyle, e.g. desk work 5 days; retired; gym twice a week, etc.



B) Your Food & Nutrition

1. Are you currently following a specific diet or nutrition plan? Please describe.

No restrictions	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	Kosher	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>	Weight loss	<input type="checkbox"/>	Halal	<input type="checkbox"/>
Semi-vegetarian	<input type="checkbox"/>	Weight gain	<input type="checkbox"/>	Other	
Vegan	<input type="checkbox"/>	Texture modified	<input type="checkbox"/>	_____	

2. Please list any specific foods that you avoid and why.

3. Have you recently changed your eating habits? Please describe.

4. Do you sometimes skip meals?

5. How much time do you have for breakfast at home?

None, I skip breakfast Less than 15 min 15 to 30 min I eat at work/out

6. At lunch I prefer to:

Eat a home packed lunch _____ days/wk
 Purchase takeaway _____ days/wk
 Eat at a cafe or restaurant _____ days/wk

7. For dinner I like to:

Cook from scratch _____ days/wk
 Use semi-prepared meals _____ days/wk
 Use frozen meals _____ days/wk
 Order takeaway _____ days/wk
 Eat out _____ days/wk

8. I like to drink:

Coffee	<input type="checkbox"/>	_____ /day	Milk	<input type="checkbox"/>	_____ /day
Tea	<input type="checkbox"/>	_____ /day	Soft drink	<input type="checkbox"/>	_____ /day
Juice	<input type="checkbox"/>	_____ /day	Alcohol	<input type="checkbox"/>	_____ /day
Water	<input type="checkbox"/>	_____ /day	Other:	_____	

9. Please provide an example of what you would eat and drink on a 'usual' day:

BREAKFAST	
MID-MEAL	
LUNCH	
MID-MEAL	
EVENING	
OTHER	

10. Is there any other information about your health and nutrition that you would like to share?
