

Adina Pearson Nutrition

Food Peace - Food Joy - Food Freedom

Nutrition Consultation Questionnaire

Date of Initial Assessment:

Name:

Age:

DOB:

Occupation (what are you doing in life and are how do you feel about it?):

How did you hear about our services?

What are your health or eating goals as far as your children are involved?

What struggles are you or your child facing when it comes to eating?

Tell me about why we are meeting. What do you feel is the primary purpose?

Does your partner/other parent see this situation and potential solutions in the same way? If not, how does your partner/other parent differ?

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Please list any health conditions, surgeries or medical diagnoses your child(ren) have or have had in the past (besides cold/flu):

What, if any, problematic symptoms is your child(ren) currently experiencing?

What, if any, medications is your child(ren) currently taking?

What, if any, herbal/vitamin or other supplements is your child(ren) currently taking?

What, if any, regular problems do your child(ren) experience as far as constipation or diarrhea or regular tummy aches? Describe bowel habits (frequent/infrequent? large, small, soft, hard, pebbles, logs, etc).

What is your experience, if any, working with a dietitian?

What other health care professionals, if any, are you currently working with? (MD, therapist, etc?) Please list name of pediatrician.

List all food allergies, if any, and what symptoms child experiences if that food is consumed.

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Describe your child's schedule/activity during the day?

Marital status:

Who else lives in the home?

Who is in charge purchasing food? Cooking food? Feeding child?

What do you do for a living? What does child's other parent do for a living?

Relevant Family History- Share with me any family dynamics you feel are important for me to know/understand.

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What was food like in your house growing up? What is it like now? Does anyone in your family have a history of dieting, disordered eating, or eating disorders? Other chronic illnesses?

Weight:

Length/Height:

Today's Session

What do you hope to accomplish through our visit today?

What are your short-term goals?

What are your long-term goals?