

Affinity Med Spa and Wellness Center

8648 E SR 70

Bradenton, FL 34202

941-739-7900

**Nutrition History Form**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

**A. Your nutritional goals: Please be specific**

**General health** (e.g. energy, sleep quality)

**Medical** (e.g. blood pressure, joints, diabetes, cholesterol)

**Body-fat/weight loss** (your specific goals, time line, and brief history of previous attempts)

**Performance** (your sport, performance goal, dates of upcoming competitions):

**B. Additional topics or questions you would like covered not listed above**

**C. Foods preferences: Use the below chart to help you answer this question**

List what foods in the below chart you do not eat (or cross them out on the chart):

List a few foods that are your favorite and you eat several times per week:

Unsaturated Fats	Moderate Protein	Whole Grain Starch	Fruit, Vegetable
<ul style="list-style-type: none"> <li>▪ Avocado</li> <li>▪ Nuts: Walnuts, almonds, cashews, pecans, peanuts, etc</li> <li>▪ Nut butters: Peanut butter, almond butter, cashew butter, soy butter</li> <li>▪ Seeds: Flax, pumpkin, sunflower</li> <li>▪ Plant oil: Olive, Canola, Safflower, Soy, Sunflower, Corn</li> <li>▪ Fish: Salmon, Sardines (the other low-mercury fish listed in the protein column are relatively low in fat content)</li> <li>▪ Tofu / soy products are half protein and half healthy fat</li> </ul>	<ul style="list-style-type: none"> <li>▪ Eggs (egg whites)</li> <li>▪ Dairy: Milk, yogurt, cottage cheese: Nonfat, low-fat or regular</li> <li>▪ Soy milk</li> <li>▪ Tofu products</li> <li>▪ Chicken</li> <li>▪ Turkey</li> <li>▪ Beef</li> <li>▪ Legumes: Beans, lentils</li> <li>▪ Fish high in omega-3 fat that are low in mercury: Salmon, sardines</li> <li>▪ Other seafood low in mercury: Clam, shrimp, perch, whiting, tilapia, oyster, hake</li> </ul>	<ul style="list-style-type: none"> <li>▪ Whole grain, bread, bagel, English muffin</li> <li>▪ High-fiber cold cereal: Muesli, bran flakes, etc</li> <li>▪ High-fiber hot cereal: Oatmeal, Oat bran, Wheetena, etc</li> <li>▪ Brown, Wild rice</li> <li>▪ Whole grain pasta</li> <li>▪ Yams, potato</li> <li>▪ Whole grain crackers</li> </ul>	<p>DARK fruit</p> <ul style="list-style-type: none"> <li>▪ Dark plums, grapes, berries</li> <li>▪ Citrus, Grpfrt</li> <li>▪ Apricot, cherry</li> <li>▪ Apple, Mango</li> <li>▪ Small bananas</li> <li>▪ Passion, Guava</li> </ul> <p>DARK VEGETABLES</p> <ul style="list-style-type: none"> <li>▪ Bag spinach</li> <li>▪ Mixed greens or Spring mix</li> <li>▪ Kale, chard</li> <li>▪ Broccoli</li> <li>▪ Parsley, mint</li> <li>▪ Red Leaf</li> <li>▪ Beets</li> <li>▪ Red cabbage</li> <li>▪ Carrot, radish</li> <li>▪ Tomato</li> <li>▪ Cauliflower</li> <li>▪ Onion, garlic</li> <li>▪ Zucchini</li> </ul>

**Please describe/list any other frequently consumed meals and snacks, be as complete as possible with ingredients and portion sizes.**

**BREAKFAST : What do you commonly eat: Please be as complete as possible, write as many as needed**

EXAMPLE: Skim milk with bran flakes or oatmeal and a glass of OJ

ANOTHER EXAMPLE: Eggs whites with salsa and an English muffin with butter

**Your most common breakfast (list ingredients):**

**How often per week:**

**Your second most common breakfast:**

**How often per week:**

**Additional breakfasts:**

**LUNCH : What do you commonly eat: Please be as complete as possible, write as many as needed**

EXAMPLE: Deli sandwich on whole grain bread with turkey or roast beef and lettuce/tomato

ANOTHER EXAMPLE: Salad with dressing, rice with chicken or beef

**Your most common lunch (list ingredients):**

**How often per week:**

**Your second most common lunch:**

**How often per week:**

**Additional lunches:**

**DINNER: What do you commonly eat: Please be as complete as possible, write as many as needed**

**Your most common dinner (list ingredients):**

**How often per week:**

**Your second most common dinner:**

**How often per week:**

**Additional dinners:**

**SNACKS: What do you commonly eat: Please be as complete as possible, write as many as needed**  
**Your most common snack (list ingredients):**

**How often per day:**

**Your second most common snack:**

**How often per day:**

**Additional snacks:**

### **E. Hydration**

**How much WATER do you consume on an average day:**

How much of this water do you consume **in the first 30 minutes of your day:**

How much of this water do you consume **with meals:**

Fruit juice:

Coffee:

Tea:

Regular soda:

Diet soda or other low-cal sweetened drink:

OTHER (please specify):

**F. How much salt would you roughly estimate that you consume and when?**

**G. What is your approach when eating in a restaurant or traveling?**

**H. Do you have any compulsive eating habits? What foods, how often, and in what amounts?**

**I. Meal and snack timing**

- For each routine schedule that you have (example: Mon and Wed are similar schedules, Tues and Thurs are similar schedules) and would like me to give you feedback on, fill in one column with the time sequence of snacks, meals and exercise. An example is provided.
- Please put the **TIME RANGE** that you **exercise** (example: 6-7 pm) and **go to work**.
- If you don't have enough blocks to fill in your meals, snacks, exercise and work / school simply enter two things in a block (example: one block might contain "lunch 11 am, exercise 12-1 pm").
- For each schedule PUT THE TIME THAT YOU WAKE UP AND GO TO SLEEP

<b>Example:</b> Thurs & Sat	Days:	Days:	Days:	Days:
Wake up 7 am	Wake up:	Wake up:	Wake up:	Wake up:
Snack 7 am				
<b>Exercise 7:30-9</b> <b>(time range)</b>				
Snack 9 am				
<b>Work 10-6 pm</b> <b>(time range)</b>				
Lunch 11 am				
Snack 3 pm				
<b>Exercise 6-7 pm</b> <b>(time range)</b>				
Dinner 7 pm				
Snack 10 pm				
Sleep 12 pm	Sleep:	Sleep:	Sleep:	Sleep: