

Quest Sports Science Center

Nutrition History Form

Name: _____ Date: _____

Sport: _____ Position: _____

Date of Birth: _____ Height: _____

Current Weight: _____ Desired Weight: _____

Contact information:

How long have you been at your current weight? _____

If your weight has changed, please describe what you did to gain or lose weight and indicate how long you have been working on changing your body composition.

Have you met with a Registered Dietitian before? Y or N

If so, who and for what reason?

What are your goals? Why are you seeing a Registered Dietitian/Sports Nutritionist?

Do you cook for yourself? If yes, how often and what types of foods do you prepare?

Do you grocery shop? _____

Do you want to change your eating habits? _____

How would you describe your eating habits? (Circle one.)

Good Fair Poor

Do you take any vitamin/mineral supplements? _____

If so, please list the types of supplements and the amounts that you take.

Do you take any other dietary supplements (creatine, echinacea, etc)?

If so, please list the types of supplements and the amounts that you take.

Are you allergic to any foods? _____ If so, please list them.

How often do you eat out? _____ times per week.

What types of restaurants do you visit (pizza, burgers, Chinese, etc)?

Describe a typical day of training and food intake (times, amounts, and types of foods and fluids consumed; and type, intensity, and duration of training).

Describe a typical meal that you would eat before competition.

What do you drink before, during, and after exercise for fluid replacement?

Do you take any medications? _____ If so, please list the medications (Over-the-counter and prescription) that you currently take.

On the scale below, circle the number that indicates how ready you are to make dietary changes. 1 = not ready and 12 = very ready.

1 2 3 4 5 6 7 8 9 10 11 12

I hereby affirm that I have filled out this form to the best of my knowledge.

Signature _____

Date _____