

# The Everett Clinic

Part of Optum®

3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966

## Medical nutrition (healthy eating plan) therapy history form

Patient label here or
Patient name: _____
Date of birth: _____
MRN: _____

Please print your responses on this form.

### Please tell us about yourself

Name: \_\_\_\_\_

What do you want to learn today? \_\_\_\_\_

Do you have concerns with any of the following that may make learning difficult?

vision    hearing    language    your reading skills

Rate your recent level of stress: 1 means low, 5 means high    1    2    3    4    5

### Exercise and weight

If you do exercise, what kind of exercise do you do? \_\_\_\_\_

Times per week: \_\_\_\_\_ Minutes: \_\_\_\_\_

List anything that stops you from getting exercise: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ What is your goal weight or ideal weight? \_\_\_\_\_

Has your weight changed in the past three months?  no    yes

Were you trying to lose weight?  no    yes

How many pounds did you lose \_\_\_\_\_ or gain \_\_\_\_\_?

### Schedule

What time do you get up? \_\_\_\_\_ What time do you go to bed? \_\_\_\_\_

Job: \_\_\_\_\_ Work hours: \_\_\_\_\_

Is your work physical?  no    yes

If yes, please describe:

\_\_\_\_\_

## Diet (your eating plan)

Please list what you eat in a typical day:

Breakfast	Snack	Lunch	Snack	Dinner	Snack
<b>Time:</b>	<b>Time:</b>	<b>Time:</b>	<b>Time:</b>	<b>Time:</b>	<b>Time:</b>

Do you drink alcohol?  no  yes

If yes, what kind of alcohol do you drink? \_\_\_\_\_

How much alcohol do you drink? \_\_\_\_\_ How often do you drink? \_\_\_\_\_

Are you following any special diet now?  no  yes

If yes, please describe: \_\_\_\_\_

List any food allergies or intolerances (food that you have a bad physical response to):

\_\_\_\_\_

Who does the food shopping and cooking at home? \_\_\_\_\_

Meals out per week: \_\_\_\_\_ Types of restaurants: \_\_\_\_\_

Do you take any supplements or herbs? \_\_\_\_\_

\_\_\_\_\_  
**Patient Signature (required)**

\_\_\_\_\_  
**Date (required)**

**Reviewed by (initials):** \_\_\_\_\_