



Nutrition Appointment Questionnaire

Sound Dietitians LLC
PO Box 5115
Lynnwood, WA 98046
Phone: 425-409-3544
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Name: _____ Date of Birth: _____

Phone # (s): _____

Email: _____ Referred by: _____

What is the reason for your visit?

What are your goals for this visit?

Have you seen a dietitian before? No Yes Reason: _____ Date: _____

Do you follow a special or specific diet? No Yes Type: _____ Date: _____

Have you done so in the past? No Yes Type: _____ Date: _____

Do you have food allergies or intolerances? No Yes List food/s & symptoms: _____

Other health practitioners you are seeing and why:

Please list any supplements (vitamins, minerals, herbs, tinctures, etc) that you are taking:

Have you had recent weight changes? No Yes Explain: _____

What is your current weight? _____ Height: _____

What in your opinion is a healthy weight for you? _____

What was your highest adult weight: _____ When? _____

What was your lowest adult weight: _____ When? _____

Comments: _____

Do you exercise regularly? No Yes Type: _____

Duration, frequency & intensity: _____

Barriers or Limitations to Exercise: _____

Any additional comments or considerations regarding your nutritional care:

