

Recipe for a Healthy Life
Nutrition Consultation Form

Please write or print clearly

Name: _____

Address: _____

Email address: _____ How often do you check email? _____

Telephone – Work: _____ Home: _____ Cell: _____

Relationship Status: _____ My home includes the following people: _____

Occupation: _____ Hours of work per week: _____

Write as much as you want for the following questions:

1. If you could make two changes in your health what would it be?
2. If you made those changes, how would your life be different?
3. What are the challenges that prevent you from improving your diet and health?
4. What are you most proud of in your life?

What's your food like these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What percentage of your food is home cooked? _____ What percentage is not? _____

Where do you get the rest from? _____

Do you crave any foods? Sugar? Coffee? Cigarettes? _____

Anything else you would like to share?

