



Full Circle Nutrition Pre Appointment Form

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What to bring to the appointment: (please reschedule appointment if paperwork not complete PRIOR to your appointment)

(1) This form AND a written list of specific nutrition concerns/questions
 (2) medical release form, patient record of disclosure, privacy policy, financial policy
 (3) Insurance patients fill out: Insurance authorization and assignment, medicare/medicaid/other, insurance card, your ID, child's ID
 (4) a three to seven day written or picture food diary, picture of your pantry, picture of your refrigerator (camera phone/digital camera)
 (5) Current Lab work, if any AND blood pressure (MD's office or stop at store kiosk)

Name _____	Date _____	Phone _____	Payment Insurance or Type Private Pay? _____
Address _____	City/State _____	Zip+4 _____ - _____	DOB _____
Referred by (name, number) _____		How did you learn about the dietitian? _____	
Reason for Dietitian Visit? _____			
Current Medical Diagnosis? _____		Family Disease History (current or past) _____	
Current Prescriptions? _____			
Supplements? _____	Herbs? _____	Surgeries? _____	

Circle the adjectives that describe your eating style the majority of the time. If not listed, write it in.

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|---------------|-------------------------------------|-----------------------------------|---------------------------|--------------------|--------------------|------------------|
| •snacker | •Convenience foods | •Rich foods-saucy, cheesy, creamy | •finisher | •distracted eater | •Calorie Focused | •protein focused |
| •grazer | •Budget restricted | •salty foods | •emotional / stress eater | •guilt from eating | •restrictor | •carb lover |
| •large meals | •social eater | •sodium rich foods | •eat w/out hunger | •binger | •eat in private | •calorie focused |
| •small meals | •soda/juice/sugary beverage drinker | •packaged foods | •bored eater | •purger | •rewarder | •veggie avoider |
| •sweets eater | | | | •meal skipper | •force self to eat | •fruit ahoic |
| •Fast foods | | | | | •Food tracker | |

Please list 7 to 10 of YOUR most commonly eaten foods weekly _____

Do you smoke? _____	Do you drink alcohol? _____	Are you a vegetarian or vegan? If yes, how long? How strict? (lacto/ovo) non traditional: pesco, flexitarian) _____	Are you following a prescribed diet or have special dietary needs? _____
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Food allergies? If yes, what food(s) and what happens? _____	Food intolerance? What food(s) and what happens? _____	How many days do you work out at a moderate level for 30 minutes or more? _____
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Usual Body Weight _____	Goal weight? _____	Meals Per Day _____	Snacks Per Day _____	How many servings of Calcium Rich Foods do you eat? (examples of 1 serving = 8 oz milk /soy rice or almond milk, 8 oz yogurt, 1 oz cheese, 1 cup cooked kale, 3oz canned fish with bones) _____
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How many ounces of fluid do you usually drink per day? <u>Count ALL Fluids</u> (coffee, tea, soda, juice, milk, sugary drinks, water) _____	Ounces of soda, sugary drinks /juice _____	Ounces of coffee or tea only _____	Servings of vegetables eaten/day? (1 svg = 1/2 cup cooked, 1 cup fresh, or 3oz leaves (3cups loosley packed) _____
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When it is daylight outside, are you usually indoors? _____	What is your current blood pressure? Don't know? Ask your doctor or check using a kiosk in a store _____	If you want to lose weight, how much? _____	By when? _____ Do you often get 4 hours of sleep or less? If yes, how often? _____
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Have you lost weight unintentionally in the last 6 months to 1 year? If yes, how much? In what time frame? _____	Do you get Acid Reflux? If yes, how often? _____	Do you get diarrhea or constipation for more than 3 days in a row? If yes, how often? _____
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