

## Nutrition Factory, LLC Personal History Form

Please complete the following history form and bring it with you to your first appointment to help us get to know you better. Thank you!

### Personal Information:

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

Have you worked with a dietitian before? Yes \_\_\_ No \_\_\_ If yes, when \_\_\_\_\_

What are your goals for working with a dietitian now? \_\_\_\_\_

Who do you live with? \_\_\_\_\_

Who does the grocery shopping in your home? \_\_\_\_\_

Who does the cooking in your home? \_\_\_\_\_

How often do you eat at restaurants or away from home for: Breakfast \_\_\_\_\_,  
Lunch \_\_\_\_\_, Dinner \_\_\_\_\_

How many hours of sleep do you average per night? \_\_\_\_\_

List any food allergies you have: \_\_\_\_\_

Do you drink alcohol? If yes, how much and how often? \_\_\_\_\_

Do you smoke cigarettes? If yes, how many per day? \_\_\_\_\_

### Family History:

Indicate I=Self, M=Mother, F=Father, B=Brother, S=Sister, G=Grandparent

Alcoholism _____	Eating Disorder _____	Obesity _____
Arthritis _____	Headaches _____	PCOS _____
Asthma _____	Heart Problems _____	Sleep Apnea _____
Depression _____	High Blood Pressure _____	if yes, how treated? _____
Diabetes _____	High Cholesterol _____	_____
Digestive Problems _____	Kidney Trouble _____	

### Weight and Height History:

Desired weight: \_\_\_\_\_ Highest weight & when: \_\_\_\_\_ Lowest weight & when: \_\_\_\_\_

Height: \_\_\_\_\_

### Exercise History:

Are you currently exercising? \_\_\_\_\_

Details: **Type of exercise** **Minutes per day** **Days per week**

\_\_\_\_\_

**Females Only:** Age at time of first menses \_\_\_\_\_ Date of your last menstrual period \_\_\_\_\_  
# of days between periods \_\_\_\_\_ # of days period lasts \_\_\_\_\_ Are you taking birth control pills? \_\_\_\_\_