Nutrition Intake Form

Client Information

First Name	Last Name	Preferred Name	Patient Identifier (If known)
Han	Yu		ABC123

Gender	Preferred Pronouns	Date of Birth	Marital Status
F	She/Her	05/03/1965	Married

Address	City	State	Zip Code
123 Sample Stret	MZ	AZ	1111

Email	Preferred Phone Number
han.yu@example.co	555-5555

Emergency Contact

Full Name	Relationship
Jessica Yu	Spouse

Home Phone	Cell Phone	Work phone
555-5555		

Full Name	Relationship
Fred Yu	Son

Home Phone	Cell Phone	Work phone
	555-5555	

Insurance Information

Insurance Carrier	Insurance Plan	Contact Number
A1 Insurance Company	Comprehensive Plan	555-5555

Policy Number	Group Number	Social Security Number
12345	4567	123456789

Referrals and Adjunctive Care

Are you currently under medical care? ☐ Yes ☒ No For? _____

Primary Care Physician	Address	Contact Number
Dr Jones	123 Example Street	555-5555

Health Concerns/Symptoms

Describe your health/nutrition concerns

I have gained weight recently and am concered how it is impacting my health

I've tried lots of different fad diets but none have worked for me

When did you first start having these concerns?

Towards the start of lockdown in my city, roughly 2 years

What are your health or nutrition-related goals for today and for your long-term health?

I want to get some ideas on how to lose this weight in a healthy way

Long term I want to get back to the energy levels I had ~2 years ago