

# Nutrition Worksheet

This Nutrition Worksheet is a collaborative tool designed for patients to complete with their healthcare providers. The objective of this exercise is for both the client and the practitioner to gain deeper insight into the client's dietary needs.

## Client information

Name:

Age:

Gender:

Occupation:

Date:

Medical history:

## Practitioner objectives (*professional use only*)

## Current dietary habits

*Log the foods you ate in the past week:*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Breakfast							
Lunch							
Dinner							
Snacks							

Average daily fluid intake:				
<b>Meal timing:</b>				
Breakfast:				
Lunch:				
Dinner:				
Snacks:				
How healthy do you think your current diet is? Are there any foods you believe you consume too much/too little of?				
Are there any foods that you are allergic to, that 'don't agree' with you, or that you really dislike?				
<b>Food groups and nutrients</b>				
<b>Food groups:</b>				
<b>Fruits</b>	Sufficient current intake:      Yes      No      Other:			
	Professional recommendations:			
	Client preferences:			
<b>Vegetables</b>	Sufficient current intake:      Yes      No      Other:			
	Professional recommendations:			
	Client preferences:			
<b>Grains</b>	Sufficient current intake:      Yes      No      Other:			
	Professional recommendations:			
	Client preferences:			

<b>Proteins</b>	Sufficient current intake:      Yes      No      Other:
	Professional recommendations:
	Client preferences:
<b>Carbohydrates</b>	Sufficient current intake:      Yes      No      Other:
	Professional recommendations:
	Client preferences:
<b>Fiber</b>	Sufficient current intake:      Yes      No      Other:
	Professional recommendations:
	Client preferences:
<b>Fats</b>	Sufficient current intake:      Yes      No      Other:
	Professional recommendations:
	Client preferences:
<b>Vitamins</b>	Sufficient current intake:      Yes      No      Other:
	Professional recommendations:
	Client preferences:
<b>Minerals</b>	Sufficient current intake:      Yes      No      Other:
	Professional recommendations:
	Client preferences:

### Nutritional education and recommendations (*professional use only*)

Describe key recommended adjustments to the client's diet, explaining the reasoning behind each. Ensure you consider the client's lifestyle and preferences.

### Meal plan preparation

### Goal setting

Short-term nutrition goals

Long-term nutrition goals

### Progress tracking

Date:

Goal progress:

Adjustments:

**Notes and recommendations (*professional use only*)**