

# Nutrition Worksheet

## Patient Information

Name:

Age:

Gender:

Medical History:

## Current Dietary Habits

### Food Log

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

### Fluid Intake

### Meal Timing

Breakfast:

Lunch:

Dinner:

Snacks:

## Food Groups and Nutrients

### Food Groups

Fruits:

Vegetables:

Grains:

Proteins:

Dairy:

Fats/Oils:

**Macronutrients**

Carbohydrates:

Proteins:

Fats:

**Micronutrients**

Vitamins:

Minerals:

**Nutrition Education****Educational Content****Goal-Setting****Personalized Goals**

Short-term Goals:

Long-term Goals:

**Behavioral Goals****Progress Tracking****Goal Progress****Review and Adjust**

<b>Professional Guidance</b>
<b>Professional Recommendations</b>
<b>Notes and Recommendations</b>
<b>Next Appointment/Review Date</b>