

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**

Professional Guidance

Professional Recommendations

Notes and Recommendations

Next Appointment/Review Date