

Registered Dietitian Intake Questionnaire

1005 Medical Center Rd, Sharbot Lake, ON KOH 2PO

ection 1.		Personal Information								
ull N	lame: _									
ectio	on 2.	Reason to see the Di	etitian							
1.	Whose idea was it for you to see the Dietitian?									
	□Му	idea	□My Doc	tor and I	☐My spo	use/family				
2.	Is this	your first time seeing	a dietitian? [□ □ Yes	□No					
	If no, what was your reason for seeing a dietitian in the past?									
3.	 What	is the <u>current</u> reason	you would like	to see a dieti	tian?					
4.	If weight loss was mentioned in your answer above, please answer the following questions: (Please move to section 3 if weight loss is not a goal). Please complete the following chart:									
	Curr	ent weight:		Height:						
	Heav	viest adult weight:		At age:						
	Lowe	est adult weight:		At age:						
	Have	at weight do you feel you tried to lose weigl □No , please describe (i.e. s	ht or make life	estyle changes	·	P□Yes□				
7.		food provide comfort er emotion?	to you when y Yes□ □N		ed, bored, s	ad, anxious o				



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Section 3. Meal Planning

1. Who prepares your meals? 2. Who does the grocery shopping? 3. How often do you eat at restaurants or fast food? times/week times/month 4. What do you usually order? 5. Do you find it difficult to eat well? □Yes□ □No If yes, please describe why: 6. Do you take any vitamin, mineral or herbal supplements? □Yes□ \square No If yes, please list supplements below and complete the chart: **Supplement How often** Dose Reason **Food Tolerance** Section 4. 1. Do you have problems with any of the following? Check all that apply. ☐ Chewing/swallowing ☐ Nausea ☐ Vomiting ☐ Heartburn ☐ Diarrhea ☐ Constipation ☐ Gas ☐ Feeling faint or weak ☐ Appetite 2. Do you have any food allergies or food intolerances? □Yes□ \square No



Please list any foods to which you have a reaction, indicate if it is an alleign place, on intolerance and describe what happens (e.g. anaphylaxis, hives, bloating)

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Food	Allergy	Intolerance	What happens?
			(e.g. anaphylaxis, rash, GI upset, etc.)

Section 5. Physical Activity and Exercise

1. Which of the following best describes your level of physical activity and exercise								
\square Inactive — seated or reclined most of the day, some household chores								
☐ Minimally active — household chores, light walking less than 30 minutes per day								
☐ Moderately active — walking, heavy yard work, more than 30 minutes per day								
\square Very active — Intense exercise 5-6 days per week plus daily walking, chores, etc.								
 Do you find it difficult to be active? □Yes□ □No Do you find it difficult to exercise? □Yes□ □No 								
If yes, please describe why: (e.g. pain, time, motivation, other)								
Section 6. Readiness to Change								
 Please choose the statement that best describes your current level of motivation regarding lifestyle habits (i.e. nutrition, physical activity) 								
\square I am not ready to spend 30 min everyday to improve my lifestyle habits.								
\square I can probably spend 30 min everyday to improve my lifestyle habits.								
\square I will spend 30 min everyday to improve my lifestyle habits.								
☐ I will spend more than 30 min everyday to improve my lifestyle habits.								



۷.	confident), how would you rate yourself on your ability to make positive changes to your eating and exercise habits? (circle one)											
	to your ea	•	2			•	•	7	8	9	10	
3.	Is there anything else you would like the Dietitian to know?											

Thank you for completing the questionnaire!