

Referral for Nutrition Consultation

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian name (if needed): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (H): \_\_\_\_\_

(W): \_\_\_\_\_

(C): \_\_\_\_\_

Email: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Please fax a copy of this referral to Judy's attention at  
Nutrition Works. FAX: 207-347-4281**

**Please call Nutrition Works if you have any questions!**

**Phone: 207-772-6279**

**Nutrition Works, LLC at**

**OA Performance Center**

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# Nutrition Works, LLC

OA Performance Center

207-710-5509 or 207-772-6279

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Reason for seeing dietitian: \_\_\_\_\_

## Medical History:

____ heart disease	____ lactose intolerance	____ GI problem
____ cholesterol	____ hypothyroidism	____ GERD
____ triglycerides	____ underweight	____ constipation
____ high blood pressure	____ overweight	____ diarrhea
____ diabetes	____ food allergy _____	

Medications: \_\_\_\_\_

Vitamins/ mineral supplements: \_\_\_\_\_

Sport supplements: \_\_\_\_\_

## Exercise History:

Type of sport(s): \_\_\_\_\_

Training schedule for each sport/activity:

sport	schedule (list days)	duration (amount of time)	time of day

## Health and Social Habits:

Who shops for food/ prepares meals? \_\_\_\_\_

How many meals do you eat per day? \_\_\_\_\_ Skip? \_\_\_\_\_

How many times per day do you snack? \_\_\_\_\_ When? \_\_\_\_\_

What do you snack on? \_\_\_\_\_

Occupation: \_\_\_\_\_ Work schedule: \_\_\_\_\_

Do you pack lunch for work and/or school? \_\_\_\_\_

Do you eat school lunch? \_\_\_\_\_ If so, most common choices: \_\_\_\_\_

How many times per week, counting lunch and take out, do you eat out? \_\_\_\_\_

Where? \_\_\_\_\_

How much water do you drink each day? \_\_\_\_\_

What else do you enjoy for beverages? \_\_\_\_\_

Do you consume caffeinated beverages? \_\_\_\_\_ What and how much? \_\_\_\_\_

**Please bring completed history and 4 day food log (on following page) to your appointment. Thank you!!**

