



FOOD PROFILE

General Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sport(s) / Occupation: _____

Contact phone numbers: HM: _____ Cell: _____

Contact Preference: Home Work Cell DOB: ___/___/___ Age: ___

Height: _____ Approx Weight: _____ E-mail: _____

Emergency Contact Information: Name: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

(Athletes Under 18 years of age) Mom's Cell _____ Dad's Cell _____

What are your nutritional goals? Check all that apply.

- Immediate Health Issues, I want to lose weight, I have a health concern, I want to learn about nutrition, I want to gain weight safely, I want to improve my sports performance, I want to stop dieting, Other

Cardiovascular Health- Check those questions or statements to which you answer yes.

- High blood pressure, Pain in chest or heart, Palpitations, Ankles often badly swollen, Cold hands or feet, Are you on any heart medication currently?, Frequent cramps in your legs, High Cholesterol level, Often have difficulty breathing, Heart attack If so, When?



FOOD PROFILE

****Please list ANY and ALL medications you currently are taking.**

It is VERY important that we are aware of all medications our clients take. **We will not be able to construct a personalized nutrition program and supplement program to ensure your goals are met without this important information.**

All information provided is considered strictly confidential.

Include inhalers, NSAIDS, Aspirin, even if you take Benadryl once a month and/ or birth control.

Have you taken any antibiotics or Z Packs in the last year?

When? _____

If yes, for what? _____

Digestive Health -

List all known allergies:

How many bowel movements per day do you usually have? _____

Do you have to strain to have a bowel movement? _____

Do you use a stool softener or laxative? _____

Herbal laxative? _____ Suppository? _____

Do you have hemorrhoids or other rectal problems? _____

If so, please explain _____

Have you ever had a barium enema? _____ If so, when? _____

FOOD PROFILE

For the following please write 1 – 2 or 3 If it does not apply please leave blank

1. If symptom is occasional/mild
2. If symptom is frequent/moderate
3. If symptom is severe/constant

	Headaches		Muscle / Joint Aches		Edema/ Swelling
	Insomnia		Arthritis		Hemorrhoids
	Dizziness		Low Back Pain		Colitis
	Fatigue		HEP-C / HIV		Diverticulitis
	Depression		Liver Disorder		Skin Irritations/Rashes
	Excess Gas/ Bloating		Lung Disorder		IBS
	Burping		Bladder Disorders		Foggy Headed
	Digestive Problems		Menstrual Problems		Yeast Infections
	Double/blurred vision		Prostate Problems		Mood Swings
	Falling hair excessive		Anemia		Sugar cravings
	Eat when nervous		Neuropathy		Foot Fungus
	Bitter metallic taste		Diabetes		Ear Aches
	Bad Breath		Seizures		Asthma
	Constipation		High/Low Blood pressure		Bronchitis

Please check whether you have any of the following

Yes	NO	Contraindications	YES	NO	Contraindications	YES	NO	Contraindications
		Severe Cardiac Disease			Ulcerative colitis			Recent colon surgery
		Aneurysm			Crohn's disease			Renal insufficiency
		Severe Anemia			Cirrhosis			Fissures/ Fistulas
		GI hemorrhage/perforation			1 st trimester of pregnancy			Organ Transplant
		Severe hemorrhoids			Advanced pregnancy			
		Severe diverticulitis			Abdominal hernia			

FOOD PROFILE

Nutritional Habits-

Check all that you eat and approximately how much a day or a week?

Dairy

- | | | |
|--|---|--|
| <input type="checkbox"/> Milk _____ | <input type="checkbox"/> Cottage Cheese _____ | <input type="checkbox"/> Creamers (for coffee) _____ |
| <input type="checkbox"/> Frozen Yogurt _____ | <input type="checkbox"/> Creamed Sauces _____ | <input type="checkbox"/> Latte or Cappuccino _____ |
| <input type="checkbox"/> Cheese _____ | <input type="checkbox"/> Ice Cream _____ | |
| <input type="checkbox"/> Cream Cheese _____ | <input type="checkbox"/> Sherbet _____ | |
| <input type="checkbox"/> Sour Cream _____ | <input type="checkbox"/> Pudding _____ | |

Nuts

- Raw _____ Roasted and Salted _____ Sugar Coated _____
- Walnuts _____ Pecans _____ Hazelnuts _____ Almonds _____ Cashews _____ Peanuts _____ Brazilian Nuts _____
- Sunflower seeds _____ Pumpkin seeds _____ Trail mix w/raisins _____ Trail Mix w/chocolate _____

Starches/Wheat/Grains/Corn Products

- | | | |
|---|---|--|
| <input type="checkbox"/> White Bread (including for sandwiches) _____ | <input type="checkbox"/> Corn Chips _____ | <input type="checkbox"/> Roasted or baked Potatoes _____ |
| <input type="checkbox"/> Wheat Bread _____ | <input type="checkbox"/> Novelty Chips (i.e. Doritos, Cheetos, etc) _____ | <input type="checkbox"/> White Rice _____ |
| <input type="checkbox"/> Rolls _____ | <input type="checkbox"/> Cookies _____ | <input type="checkbox"/> Brown Rice _____ |
| <input type="checkbox"/> Muffins _____ | <input type="checkbox"/> Cakes _____ | <input type="checkbox"/> Instant Rice _____ |
| <input type="checkbox"/> Bagels _____ | <input type="checkbox"/> Pancakes/ waffles _____ | <input type="checkbox"/> Sweet Potato _____ |
| <input type="checkbox"/> Doughnuts _____ | <input type="checkbox"/> Potato Chips _____ | <input type="checkbox"/> Corn on cob or loose _____ |
| <input type="checkbox"/> Pastries _____ | <input type="checkbox"/> French Fries _____ | |
| <input type="checkbox"/> Pasta _____ | <input type="checkbox"/> Mashed Potatoes _____ | |
| <input type="checkbox"/> Crackers _____ | | |

Fruits

- | | | |
|---|---|---|
| <input type="checkbox"/> Strawberries _____ | <input type="checkbox"/> Peaches _____ | <input type="checkbox"/> Bananas _____ |
| <input type="checkbox"/> Blueberries _____ | <input type="checkbox"/> Nectarines _____ | <input type="checkbox"/> Mangoes _____ |
| <input type="checkbox"/> Raspberries _____ | <input type="checkbox"/> Plums _____ | <input type="checkbox"/> Oranges _____ |
| <input type="checkbox"/> Blackberries _____ | <input type="checkbox"/> Plutos _____ | <input type="checkbox"/> Tangerines _____ |
| <input type="checkbox"/> Cherries _____ | <input type="checkbox"/> Grapes _____ | <input type="checkbox"/> Grapefruit _____ |
| <input type="checkbox"/> Apples _____ | <input type="checkbox"/> Melons: watermelon, Cantaloupe, Honeydew _____ | <input type="checkbox"/> Pineapple _____ |
| <input type="checkbox"/> Pears _____ | | |

Vegetables

- | | | |
|---|---|--|
| <input type="checkbox"/> Alfalfa Sprouts _____ | <input type="checkbox"/> Cucumber _____ | <input type="checkbox"/> Radicchio _____ |
| <input type="checkbox"/> Artichokes _____ | <input type="checkbox"/> Eggplant _____ | <input type="checkbox"/> Radishes _____ |
| <input type="checkbox"/> Asparagus _____ | <input type="checkbox"/> Endive _____ | <input type="checkbox"/> Sauerkraut _____ |
| <input type="checkbox"/> Bamboo shoots _____ | <input type="checkbox"/> Fennel _____ | <input type="checkbox"/> Salad greens _____ |
| <input type="checkbox"/> Beets _____ | <input type="checkbox"/> Green beans _____ | <input type="checkbox"/> Scallions _____ |
| <input type="checkbox"/> Bell Peppers: red, orange, yellow, green _____ | <input type="checkbox"/> Hearts of palm _____ | <input type="checkbox"/> Spinach _____ |
| <input type="checkbox"/> Broccoli _____ | <input type="checkbox"/> Jicama _____ | <input type="checkbox"/> Sprouts _____ |
| <input type="checkbox"/> Cabbage _____ | <input type="checkbox"/> Kale _____ | <input type="checkbox"/> Summer squash _____ |
| <input type="checkbox"/> Carrots _____ | <input type="checkbox"/> Mushrooms _____ | <input type="checkbox"/> Tomatillos _____ |
| <input type="checkbox"/> Celery _____ | <input type="checkbox"/> Mustard greens _____ | <input type="checkbox"/> Tomatoes _____ |
| <input type="checkbox"/> Celery root _____ | <input type="checkbox"/> Okra _____ | <input type="checkbox"/> Turnip greens _____ |
| <input type="checkbox"/> Chard (Swiss, Rainbow, etc) _____ | <input type="checkbox"/> Onions _____ | <input type="checkbox"/> Turnips _____ |
| <input type="checkbox"/> Collards _____ | <input type="checkbox"/> Parsley _____ | <input type="checkbox"/> Zucchini _____ |
| | <input type="checkbox"/> Pea pods _____ | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Peppers (jalapeno) _____ | |

FOOD PROFILE

Protein

- | | | |
|---|---|---|
| <input type="checkbox"/> Red meat _____ | <input type="checkbox"/> Turkey _____ | <input type="checkbox"/> Deli Meats _____ |
| <input type="checkbox"/> Chicken Breast _____ | <input type="checkbox"/> Large Fish (salmon, halibut, cod, etc) _____ | <input type="checkbox"/> Organ Meats _____ |
| <input type="checkbox"/> Chicken Wings _____ | <input type="checkbox"/> Small Fish (anchovies, sardines, etc) _____ | <input type="checkbox"/> Plant Base (Hemp Protein Powder, Spirulina, Chlorella or Blue Green Algae) _____ |
| <input type="checkbox"/> Chicken Thighs _____ | <input type="checkbox"/> Shellfish _____ | |
| <input type="checkbox"/> Pork _____ | <input type="checkbox"/> Game Meats (buffalo or venison) _____ | |
| <input type="checkbox"/> Ham _____ | | |
| <input type="checkbox"/> Bacon _____ | | |
| <input type="checkbox"/> Sausages _____ | | |
| <input type="checkbox"/> Veal _____ | | |

Beverages

- | | | |
|--|---|---|
| <input type="checkbox"/> Soda _____ | <input type="checkbox"/> Flavored Water _____ | <input type="checkbox"/> Drinks _____ |
| <input type="checkbox"/> Diet Soda _____ | <input type="checkbox"/> Water _____ | <input type="checkbox"/> Jamba Juice _____ |
| <input type="checkbox"/> Juice _____ | <input type="checkbox"/> Hot tea _____ | <input type="checkbox"/> Smoothies _____ |
| <input type="checkbox"/> Energy Drinks _____ | <input type="checkbox"/> Coffee _____ | <input type="checkbox"/> Protein Shakes _____ |
| <input type="checkbox"/> Sport Drinks _____ | <input type="checkbox"/> Latte _____ | |
| <input type="checkbox"/> Ice tea _____ | <input type="checkbox"/> Mocha _____ | |
| <input type="checkbox"/> Flavored Ice Teas _____ | <input type="checkbox"/> Frozen Coffee _____ | |

Alcoholic Beverages (21 & over)

"Beer _____ "Wine _____ "Spirits (on rocks) _____
 "Cocktails (mixed drink) _____ "How many days a week? _____

Why are we asking this? Alcohol use will cause the body to bypass those metabolic pathways for burning fat we are trying to utilize. Alcohol use also decreases serum testosterone and growth hormone levels needed for gaining muscle mass and strength. In addition Alcohol disrupts digestive enzymes, alters chemical hormones secreted by the brain and is a burden on vital organs such as the heart, liver, and kidneys.

Nutritional Lifestyle

- Do you eat Breakfast? _____
- How many days a week do you eat Breakfast at home? 1 2 3 4 5 6 7 Out? 1 2 3 4 5 6 7
- How many days a week do you eat lunch at home? 1 2 3 4 5 6 7 Out? 1 2 3 4 5 6 7
- How many days a week do you eat dinner at home? 1 2 3 4 5 6 7 Out? 1 2 3 4 5 6 7
- What is a typical Breakfast for you?

- What is a typical Lunch for you?

- What is a typical Dinner for you?

- How often do you have a dessert? ...be honest, it isn't always a bad thing, lol _____
- If you eat a dessert, what is it typically? _____
- Do you feel tired or sleepy after eating? _____
- Do you feel tired after eating sugary foods or drinks? _____



FOOD PROFILE

12. Do you eat sugary foods for energy? _____ What? _____

13. Do you feel fatigued after 2:30 to 4:30pm?

14. Do you suffer from Migraine headaches or recurrent headaches? Yes/No

15. If yes, how often? _____

Do you own a Blender? _____ Do you own a Juicer? _____

Stress

Stress: On a scale of 1 to 10 (1= No Stress, 10= a lot of stress)

Please rate the amount of stress in your sport/career? 1 2 3 4 5 6 7 8 9 10

Please rate the amount of stress in your Personal life? 1 2 3 4 5 6 7 8 9 10

Do you lack early AM energy? Yes/No

Do you have difficulty waking up? Hit the snooze button multiple times? Yes/No

Do you have difficulty falling asleep? Yes/No

Do you feel wired up at night? Yes/No

Do you have difficulty resting and relaxing at night? Yes/No

Do your legs ache at night? If yes, how often? _____

Do you have a drink to relax you at night? Yes/No

Do you get sleepy after lunch? Yes/No

If yes, what do you eat or drink to increase your energy after lunch?

What do you eat right before bed? _____

What time do you usually go to bed at night? (Lights out, eyes shut) _____

What time do you usually wake up in the morning? Weekdays: _____ Weekends? _____

How many times do you wake up in the middle of the night? 1 2 3 4 5 6+

Indicate what time(s): 10pm to 12am 12am to 2am 2am to 4am 4am to 5am



FOOD PROFILE

Any information you would like to add