

NUTRITION PROFILE

Name: _____ Age: _____ Today's Date: _____

Height: _____ Weight: _____

1. Do you know why you are here to see the Dietitian? ____ YES ____ NO
If yes, why? _____

2. What are your goals for this visit? _____

3. Do you have specific questions for the Dietitian? _____

4. How would you rate your motivation to change? (Circle one)

- A. Not motivated to change
- B. Somewhat motivated to change
- C. Motivated to change
- D. Highly motivated to change

5. Describe a typical days's eating pattern. (What do you usually eat?)

Breakfast	Lunch	Dinner
Morning Snack	Afternoon Snack	Evening Snack