



# Nutrition for Daily Living

*Nutrition for YOUR Health, Nutrition for YOUR Life*

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## **Nutrition Counseling Client Registration Form**

Please complete and submit form 24 hours prior to your scheduled appointment.  
Fax to 530-267-8313 or E-mail [ccraigRD@gmail.com](mailto:ccraigRD@gmail.com).

### **PERSONAL DATA**

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female / Male

Height: \_\_\_\_\_ Usual Body Weight: \_\_\_\_\_ Current Body Weight: \_\_\_\_\_

Describe any recent weight loss or gain (Number of pounds, amount of time)

**Briefly describe what you would like to achieve through Nutrition Counseling**

## **MEDICAL HISTORY**

**Briefly describe past and current medical history, including injuries, illness, metabolic disease, allergies, chronic conditions, etc.**

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## **FAMILY HISTORY**

**Briefly describe any pertinent family health history for the following family members if applicable and available.**

**Mother:**

**Father:**

**Grandparents:**

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**As available please provide any of the following Current Lab Values:**

<b>Current Labs</b>	<b>Values</b>
Blood Pressure	
Total Cholesterol	
LDL	
HDL	
Triglycerides	
Glucose	
HgA1c	
Other	
Other	

**Please list any Medications OR Dietary Supplements you are currently taking:**

**If you are testing your blood glucose please bring your blood glucose meter and/or your logbook to your appointment.**

## **EXERCISE**

**What activities are you currently doing?**

**How many days per week do you typically exercise?**

**Are you currently working with a personal trainer?**

## **NUTRTION**

**Describe any past nutrition counseling you have received**

**Please list any food allergies or food intolerances:**

**Please indicate any specific dietary patterns you follow (vegetarian, vegan, carb counting, etc):**

**In the space below please record your daily food intake for two days to provide the Nutritionist with general information about your current nutrition habits and intake patterns. Try not to alter your usual routines. *Include all foods and beverages.* Please be as specific as possible about the type of food, serving size, and brand. Please feel free to use additional paper as necessary.**

**Example: Breakfast**

1 cup minute maid orange juice  
1 cinnamon raisin bagel  
2 Tbsp cream cheese  
1 cup coffee with 2 Tbsp whole milk

**DAY 1**

**DAY 2**

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**Please list any additional nutrition or health questions you may have at this time:**