

Nutrition History Form

Email to leslie@leslieburman.com or bring with you to consultation

Kindly fill out this form so I can better serve you.

Your Name: _____ **Date:** _____

Phone number(s) where I can reach you: _____

Your email address: _____

Who referred you: _____

A. Your nutritional goals: Please be specific

General health (e.g. energy, sleep quality, longevity, pregnancy, etc):

Medical (e.g. blood pressure, joints, diabetes, etc):

Body-fat/weight loss (your specific goals and time line):

Performance (your sport, performance goal, dates of upcoming competitions):

Upcoming activities/ occasions-(Birthday, Holiday Party, Function)

B. Please provide Past medical Hx.

Personal medical history:

- Diabetes Heart Disease
- High blood pressure Stroke
- Obesity Elevated cholesterol Elevated Triglycerides Sleep apnea
- Gallstones
- Reflux disease
- Chronic constipation Ulcers
- Asthma

- Arthritis Migraines Anemia
- Chronic Fatigue
- Fibromyalgia IBS/Crohn's Celiac/Food Allergy
- Physical inactivity
- Smoker Other

Other

List all medications you are taking (herbs, vitamins, minerals, over-the counter and prescription)

Medications/Herbs/Vitamins Dose Frequency Reason for taking

- 1.
- 2.
- 3.
- 4.

C. Current standing

Your gender (M or F):

Your age:

Your height:

Your current weight:

State how many hours PER WEEK of exercise you are currently doing at the following intensities. Workouts typically contain components of ALL these. It is up to you, using your best judgment, to break it down into these categories.

- **Low** / maintenance / active recovery HOURS PER WEEK:
- **Moderate** intensity (potentially sustainable several hours at a time):
- **High** intensity (sustainable a couple hours at a time at most):
- **Very high** (sustainable one hour at a time at most):
- **Highest** (sustainable less than one hour at any one time):

D. Nutrition and exercise

Describe your fluid, caloric and electrolyte intake during exercise (what and how much **per hour**):

Describe your fluid, caloric and electrolyte intake in the 30 min after exercise (what and how much):

E. Fluids

NOT INCLUDING fluids during and right after exercise (above), tell me **HOW MUCH** of each do you drink on an average day.

WATER (not including for exercise discussed above):

<p>G. Foods preferences: Use the below chart to help you answer this question</p> <p>List what foods in the below chart you do not eat (or line them out in the chart):</p>			
<ul style="list-style-type: none"> ▪ Avocado ▪ Nuts: Walnuts, almonds, cashews, pecans, peanuts, etc ▪ Nut butters: Peanut butter, almond butter, cashew butter, soy butter ▪ Seeds: Flax, pumpkin, sunflower ▪ Plant oil: Olive, Canola, Safflower, Soy, Sunflower, Corn ▪ Fish: Salmon, Sardines (the other low-mercury fish listed in the protein column are relatively low in fat content) ▪ Tofu / soy products are half protein and half healthy fat 	<ul style="list-style-type: none"> ▪ Eggs, Egg Whites, Egg Beaters ▪ Dairy: Milk, yogurt, cottage cheese. SPECIFY NONFAT, LOW FAT, OR REGULAR ▪ Soy milk ▪ Tofu products ▪ Chicken ▪ Turkey ▪ Beef ▪ Legumes: Beans, lentils ▪ Fish high in omega-3 fat that are low in mercury: Salmon, sardines ▪ Other seafood low in mercury: Clam, shrimp, perch, whiting, tilapia, oyster, hake 	<ul style="list-style-type: none"> ▪ Whole grain, bread, bagel, English muffin ▪ High-fiber cold cereal: Muesli, bran flakes, etc ▪ High-fiber hot cereal: Oatmeal, Oat bran, Wheetena, etc ▪ Brown, Wild rice ▪ Whole grain pasta ▪ Yams, potato , squash ▪ Whole grain crackers 	<p>DARK fruit</p> <ul style="list-style-type: none"> ▪ Dark plums, grapes, berries ▪ Citrus, Grpft ▪ Apricot, cherry ▪ Apple, Mango ▪ Small bananas ▪ Passion, Guava <p>DARK VEGETABLES</p> <ul style="list-style-type: none"> ▪ Bag spinach ▪ Mixed greens or Spring mix ▪ Kale, chard ▪ Broccoli ▪ Parsley, mint ▪ Red Leaf ▪ Beets ▪ Red cabbage ▪ Carrot, radish ▪ Tomato ▪ Cauliflower ▪ Onion, garlic ▪ Zucchini

How much of this water do you consume **in the first 30 minutes of your day:**

How much of this water do you consume **with meals**:

Fruit juice:

Coffee:

Regular soda:

Diet soda or other low-cal sweetened drink:

Alcoholic beverages:

OTHER (please specify):

List a few foods that are your favorite and you eat several times per week:

H. Please state snacks you typically have

Please state BREAKFASTS you typically eat out and at home. Please be specific to where and how often.

- 1.
- 2.
- 3.
- 4.

Please state LUNCHESES you typically eat out and at home. Please be specific to where and how often.

- 1.
- 2.
- 3.
- 4.

Please state DINNERS you typically eat out and at home . Please be specific to where and how often .

SNACKS you commonly eat. When , type, where and how often.

- 1.

- 2.
- 3.
- 4.

Please provide a few typical eating, sleeping, working and exercising patterns:

Example: Thurs & Sat	Days:	Days:	Days:	Days:
Wake up 7 am	Wake up:	Wake up:	Wake up:	Wake up:
Breakfast cereal and milk at home 7 am				
Exercise 7:30-9 (
apple 9 am				
Work 10-6 pm				
Lunch 11 am out for Chinese				
popcorn 3 pm				
Exercise 6-7 pm				
Dinner 7 pm homemade pizza and salad				
Low fat icecream 10 pm				
Sleep 12 pm	Sleep:	Sleep:	Sleep:	Sleep:

How often do you travel?

Do you currently follow a certain diet?

Please list places you typically dine at.

Do you have any compulsive eating habits? What foods, how often, and in what amounts?

How comfortable are you with cooking? Are you responsible for the cooking/ grocery shopping?

Please provide additional comments or concerns

Thank you for your time. I look forwards to seeing you.

In Good Health,

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