

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Fitness and Wellness Nutrition Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Where did you hear about this service? _____

Cancellation and Refund Policy

If the student cancels more than 24 hours prior to the lesson, he or she will have the opportunity to reschedule the personal training session and will not be charged. **However, if a private training session is cancelled within 24 hours, or a student does not arrive for the lesson within 15 minutes of the start time, no refund will be issued under any circumstances.** Refunds are given only at program coordinator discretion.

I read, understand and agree with the cancellation and refund policies.

Signature: _____ Date: _____

| | | | |
|--|-----------------------|--------------------|-------------------|
| Registered Dietitian/Nutritionist/Trainer Use Only | | | |
| Registered Dietitian/Nutritionist/Trainer Name: _____ | | | |
| Session/Sessions purchased (circle): _____ # of sessions purchased | | | |
| One-on-One Training | Semi-private Training | Nutrition Coaching | Employee Wellness |
| Pre-reg course (please list) _____ | | | |

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Name: _____ Date: _____

Reason for Visit (please circle topics that you are interested in focusing on/gain more knowledge of):

- General Nutrition/Better Eating Habits
- Reading Food Labels
- Obtaining a Healthy Weight
- Healthy Meal Planning and Cooking Techniques
- Low-Sodium Guidelines
- Fats: Healthy vs. Unhealthy
- Fiber: What is it and are you getting enough?
- Nutrition for a Sport
- Supporting a Healthy Gut
- Special Dietary Needs
- Protein Needs
- Vegetarians and Vegan Diets
- Reducing Added Sugars in your Diet
- Recipe Ideas/Where to Look?
- How to Stock your Pantry and Refrigerator for Success
- How to Make Healthy Choices when Eating Out
- How to Feed Your Family Healthy, Quick Meals

Other _____

List your top three nutrition goals:

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Nutrition Lifestyle/Eating History

1. Do you do the grocery shopping? Yes/No/Sometimes/Most of the time (please circle one)
2. Do you do the cooking at home? Yes/No/ Sometimes/Most of the time (please circle one)
3. How often to you eat out during a typical week? _____
4. Do you drink caffeinated beverages? Yes/No If so, how many drinks /day? _____
5. Do you drink alcohol? If so, how many drinks/week? _____
6. Are you allergic to any foods? If yes, please list _____
7. Do you have any food intolerances/sensitivities? If yes, please list _____
8. Do you have any certain foods that you avoid from your diet? If yes, please explain:

9. Have you followed, or are you following any particular type diet or eating pattern? Please explain:

10. Have you ever been told by a doctor or registered dietitian to follow a specific nutrition plan? If so please describe: _____
11. Do you have any health/medical conditions or concerns that you would like to share with the registered dietitian or nutritionist? _____
12. Are you currently taking any medications? If so, please list: _____
13. Are you currently taking any supplements/vitamins/minerals? _____

Exercise and Lifestyle

| Exercise | Frequency | Duration | Intensity (1-mild, 10-Intense) |
|----------|-----------|----------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Weight History

Is your current weight stable? Yes/ No
Please list any recent weight changes (last year)? _____
What weight are you happy at physically and emotionally? _____

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Food and Activity Record Form

***Please complete this 3-day Food Record before your first Nutrition Visit**

**** Please Read Food Record Instructions Before Recording****

You will need to keep track of everything you eat and drink, and your physical activity for a total of 3 days. Ideally you will record for 2 of weekdays and 1 weekend day. This record will help you and Registered Dietitian Nutritionist, develop an awareness of your eating habits and energy expenditure in order to formulate individualized nutrition goals. Please follow the instructions below to complete this food/activity record.

1. **Do not change** your eating or exercise habits on the days you are recording. The purpose of the food record is to identify your **typical** eating and activity patterns.
2. Be honest. You will not be judged based on your food choices, but accurate information is to best provide recommendations.
3. Write down **EVERYTHING** you consume including beverages.
4. **Be specific.** Don't forget condiments such as mayonnaise, butter, cheese on your sandwich. Measure or estimate portions as accurately as possible.
5. Enter the food, beverages and activity as you eat/drink/exercise. Don't rely on your memory at the end of the day. Keep a small notebook with you if needed and copy your intake to your log at the end of the day.
6. Use the following *sample* food/activity record as a guide:

| Day of Week & Date | Time & Place | Food & Drink Or Physical Activity | Specific Amount/Portion Size of Food Or Duration/Speed for Physical Activity | Hunger scale (0-5) 0 = not hungry 5 = starved Or Physical Activity Exertion Scale (0-10) | Reason for Eating or Exercising |
|-------------------------|--------------------|-----------------------------------|---|--|---|
| <u>Tuesday</u> _/_/_ | 1pm At home | <i>Turkey wrap</i> | <i>1 whole wheat 6" tortilla, 3 oz. turkey breast, 1 slice American cheese, 1 tsp. honey mustard, 1 slice iceberg lettuce</i> | <i>Hunger =3</i> | <i>"Lunch time" or "Bored" or "Really hungry after working out"</i> |

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Day #1: Food/Drink/Activity Record

| Day of Week and Date | Time & Place | Food & Drink or Physical Activity | Specific Amount/Portion Size of Food Or Duration/Speed for Physical Activity | Hunger scale (0-5) 0 = not hungry 5 = starved Or Physical Activity Exertion Scale (0-10) | Reason for Eating & Mood |
|--------------------------------------|-------------------------|--|---|---|-------------------------------------|
| Day of the week: _____ _/_/___ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Day #2: Food/Drink/Activity Record

| Day of Week and Date | Time & Place | Food & Drink or Physical Activity | Specific Amount/Portion Size of Food Or Duration/Speed for Physical Activity | Hunger scale (0-5) 0 = not hungry 5 = starved Or Physical Activity Exertion Scale (0-10) | Reason for Eating & Mood |
|--|-------------------------|--|---|---|-------------------------------------|
| Day of the week: _____ _/_/_ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Nutrition Education Intake Form
City of Boulder Parks and Recreation Department



Day #3: Food/Drink/Activity Record

| Day of Week and Date | Time & Place | List Food & Drink or Physical Activity | Specific Amount/Portion Size of Food Or Duration/Speed for Physical Activity | Hunger scale (0-5) 0 = not hungry 5 = starved Or Physical Activity Exertion Scale (0-10) | Reason for Eating & Mood |
|------------------------------------|-------------------------|---|---|---|-------------------------------------|
| Day of the week: _____ _/_/_ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |