

Nutrition Appointment Preparation Form

Typical work hours: _____

Housing: Live alone Spouse Family Friends Other (list) _____

What is your personal goal/question for your nutrition appointment? _____

Has your weight changed more than 5 lb in the past year? yes no reasons: _____

What exercise or physical activity do you do? _____

How often? _____ How many minutes each time? _____

Please list if there any medical limitations: _____

How would you rate your current stress level? High Moderate Low None

Most important current life concerns: Family Financial Health Work

If you have diabetes or pre-diabetes, when were you told you had it? _____

What is your usual fasting blood glucose range? _____

Daytime blood glucose ranges? _____

Notes: _____
