

Intake Questionnaire – Nutrition

Name: _____

Age: Weight: Gender: Allergies:

Current Medications:

Current Medical Conditions:

What are your health goals? What would you like to work on/learn about today?

History of Eating Disorder:

Caffeine Intake Per Day:

Alcohol Intake Per Day (or Week):

Exercise Per Week – Describe type and duration:

Usual Sleep Pattern: do you wake often, have difficulty getting and/or staying asleep?

Are you a vegetarian? If so, to what degree?

HeartLight Healing Arts
9145 Guilford Road, Suite 100
Columbia, MD 21046

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of HeartLight
(Patient Name) Healing Arts' Notice of Privacy Practices.

Signature of Patient or Legal Guardian

Date

Acceptable Methods of Disclosure
of Protected Health Information

How would you like to be contacted re: answers to questions, lab requests, etc.?
(Please check ALL that apply)

_____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
_____ FAX: _____
_____ Other: Please specify _____

If we are unable to reach you, should we leave a message to include protected health information?

_____ Yes _____ No

If so, where should we the leave the information?
(Please check ALL that apply)

_____ Home Phone
_____ Work Phone
_____ Cell Phone
_____ Leave a message with spouse or significant other
_____ Other: Please specify _____

Signature of Patient or Legal Guardian

Date

Where and how often do you eat out?

Do you eat in the car/on the go?

Do you enjoy cooking?

Hobbies:

During stressful events (good or bad) do you eat or do you starve? If you eat, what do you eat?

Do you often have cravings for certain foods? If so, what foods and when do you crave them?

Has your weight changed much in the last year? If so, how much?

Describe your energy throughout the day?

Do you have any gastro/intestinal disorders, such as, diarrhea, constipation, abdominal pain?

Do you have a bowel movement every day?

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Describe typical meals and snacks for you including *when* you eat them. Also indicate how you feel (energy level, shakiness, etc) before and after you eat:

Breakfast

Lunch

Dinner

Snacks