



Claudia Lemay, RD
Member, College of Dietitians of British Columbia
Registration number: 1567
phone: (778) 865-7549
email: claudia@truehealthnutrition.ca

Initial Input and Food Log

Date: _____

Personal Information

Name: _____ Date of Birth: _____ Male Female

Personal Health Information:

Height: _____ Weight: _____

Usual Weight: _____ Weight History: _____ Bowel Habits: _____

Blood pressure (If known): _____ (If concerns, please visit pharmacy for a measurement)

- Do you have any other health concerns? _____
- Are you taking any medication? No Yes List: _____

- Have you ever seen a dietitian in the past? _____
- What are your goal(s) and expectations in meeting with a dietitian? _____

- Do you have any food allergies, sensitivities or intolerances? No Yes
 - If yes, please list and describe the symptoms: _____

Lifestyle Information

- Do you drink alcohol? No Yes # drinks/week _____
- Do you smoke? Yes No # packs/day _____ # years _____
- Do you exercise? No Yes What type and how many times per week _____
- Do you take any supplements/vitamins/minerals? No Yes If yes, what? _____

- What is your general eating pattern _____
- How many meals do you eat away from home each week? Breakfast: _____ Lunch: _____ Supper: _____
- How is your cooking? _____ Where do you normally shop for food? _____
- Who does the shopping/cooking? _____

Food Frequency Questionnaire

How many times do you consume the following per day or per week (please specify the frequency as “/day” or “/week”):

Coffee/tea: _____ Juice/pop: _____ Water: _____ Added salt: _____
 Milk: _____ Yogourt: _____ Cheese: _____ Salty foods: _____
 Dairy (other): _____ Red Meat: _____ Processed meats: _____ Butter: _____
 Fish: _____ Poultry: _____ Nuts: _____ Legumes: _____
 Fruit: _____ Vegetables: _____ Grains: _____
 What is your favourite food?: _____

Diet History Day 1 (weekday)

Enter as much information as possible. Be precise: brand, exact quantity/portion size, cooking method.

Time	Meal/where	Foods/Beverages/Amounts
Ex. 7:45	Breakfast Kitchen	(EXAMPLE) 1 ½ cup of quick oats oatmeal, two tablespoons brown sugar, ¼ cup of 2% milk, pinch of salt
	AM Snack	
	Lunch	
	PM Snack	
	Supper	
	Evening Snack	

Diet History Day 2 (weekday)

Enter as much information as possible. Be precise: brand, exact quantity/portion size, cooking method.

Time	Meal/where	Foods/Beverages/Amounts
Ex.	Breakfast	
	AM Snack	
	Lunch	
	PM Snack	
	Supper	
	Evening Snack	

Diet History Day 3 (weekday)

Enter as much information as possible. Be precise: brand, exact quantity/portion size, cooking method.

Time	Meal/where	Foods/Beverages/Amounts
Ex.	Breakfast	
	AM Snack	
	Lunch	
	PM Snack	
	Supper	
	Evening Snack	