Pure Nutrition LLC
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NUTRITION ASSESSMENT

Name: Date:

SOCIO - ECONOMIC / LEARNING

Employer: Health insurance plan(s):

Referring physician: No. years school completed: Primary support person:

Barriers to learning: ☐ seeing ☐ hearing ☐ reading ☐depression ☐anxiety ☐ attention deficit
How I learn best: ☐ verbal discussions ☐ written materials ☐ videos ☐combination ☐other:

Daily stress level: 1 2 3 4 5 (5 = very high) How I deal with it:

EATING HABITS

On each line, select 1 letter for AMOUNT usually eaten: H = High M = Moderate L = Low N = None

Starches:	Fruits / Juices:	Sugary Foods:	Sugary Drinks:
Vegetables:	Milk / Yogurt:	Meat/Fish:	Cheese:
Eggs:	Fat / Fatty Foods:	Salt / Salty Foods:	Fast Food:__________________

How often do you eat out? Who buys food? Who cooks?

EXERCISE and LIFESTYLE HABITS

Type(s) of exercise: How often? How long each time? OK'd by doctor?

Do you smoke? ☐yes ☐ no How long? No.: ☐ packs ☐cigarettes ☐cigars a day is:

HEALTH STATUS

Height: Weight: ☐shoes ☐ no shoes Desired wt: Wt 1 year ago:

Fasting glucose (from lab): A1C: Total cholesterol: LDL: HDL:

Triglycerides: Blood pressure:

CULTURAL / RELIGIOUS FACTORS

Special dietary customs, needs, preferences, observances etc:

Food fasting practices:

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MEDICAL HISTORY and CURRENT STATUS

Medical problems, surgeries, etc.:

Medication(s)	Amount in My Dose	Times Taken	Reason for Taking	Staff Only: Changes

Vitamins, dietary supplements or herbs taken:

Allergies (Food or Medications):

USUAL FOOD EATEN IN **ONE TYPICAL** DAY AND AMOUNTS

BREAKFAST Time:	**LUNCH Time:**	**DINNER Time:**
SNACK Time:	**SNACK Time:**	**SNACK Time:**

*Please place a **check mark (✓)** next to the **ONE** statement below that **BEST** pertains to you right now.*		**SOR***
	No, I do not plan to make changes in my lifestyle in the **next 6 months**.	**PC**
	Yes, I do plan to make changes in my lifestyle in the **next 6 months**.	**C**
	Yes, I do plan to make changes in my lifestyle in the **next month**.	**P**
	Yes, I have already made changes in my lifestyle for at **least the last 6 months**.	**A**

Educator: ______________________ **Date:** ______________