Amy C. Bluntzer, RD, LD
Nutrition Counseling

Pediatric Nutrition History Date:_____________

Please complete this questionnaire and bring it to your first appointment. Parents, please help your child to complete.

Name:_________________________________ Date of Birth:_____/_____/_____

Reason for seeing a dietitian:____
____

Other health-related goals:____
____

Personal Medical History: Check conditions you have or have had.

_____ Heart disease or stroke _____ Diabetes _____ Ulcer
_____ High blood pressure _____ Obesity/severe overweight _____ Nausea/vomiting
_____ High Triglycerides _____ Lung problems _____ Constipation
_____ High Cholesterol _____ Anemia _____ Diarrhea
_____ Cancer _____ Eating disorder _____ Abdominal pain/bloating
_____ Food Allergies/Sensitivities _____ Arthritis _____ Other:________________________

Family Medical History: Check conditions that apply to your blood relatives including parents, grandparents, brothers, sisters, and children.

_____ Heart disease or stroke _____ Diabetes _____ Ulcer
_____ High blood pressure _____ Obesity/severe overweight _____ Nausea/vomiting
_____ High Triglycerides _____ Lung problems _____ Constipation
_____ High Cholesterol _____ Anemia _____ Diarrhea
_____ Cancer _____ Eating disorder _____ Abdominal pain/bloating
_____ Food Allergies/Sensitivities _____ Arthritis _____ Other:________________________

Please bring a copy of current pertinent lab work (cholesterol, triglycerides, etc.)

List all medications you are taking:____
____

List all vitamin, mineral, and herbal supplements you are taking:__________________________
____

Height: _______ Present Weight: _______
If you can, bring a copy of the child's growth chart

Have you ever seen a dietitian or nutritionist before? Explain_____________________________
____

Are you on a special diet? Explain____
____

Food dislikes or food that you have a problem eating:____________________________________
____

List all those who live in your home and indicate any special dietary needs:
____
____
____

Who prepares meals? ____
Who shops for groceries? ____
How often do you eat out each week? ______ Where?___________________________________

Activity
( ) PE at school for _____minutes _____daily _____every other day
( ) Plays outside after school _____ minutes _____ times per week

Any restrictions on exercise? ____

Other comments or concerns: ____
____
____
____
____

Please attach a 3 day food record. Include the **time**, food or drink consumed, and approximate portion size. If possible include one weekend day. Be as detailed as possible.

Example:
Monday 7:30 AM 1 Eggo waffle
1 cup vanilla yogurt
1 cup coffee with 1 tsp. sugar

10:00 AM 4 peanut butter crackers and water

12:45 PM Wendy's grilled chicken sandwich,
French fries, regular
Diet coke

3:30 PM 1 handful animal crackers and juice box

6:30 PM 2 palm-size slices roast beef
1 cup potatoes and carrots
1 roll, white no butter

10:00 PM ½ cup chocolate ice cream