Sarah O’Hara, RD

Calgary, AB Canada

(587)889-2831

info@sarahoharanutrition.com

Nutrition Consult: Intake Form



Please complete and return via email at least 24h before your appointment.

# Personal + Medical Information

Name (First + Last):

Date of birth:

Medical history:

Prenatal history (if applicable; pregnancy history, assisted fertility history such as IUI/IVF or other fertility treatments):

Vitamins/supplements/medications you take routinely:

Allergies/intolerances and associated symptoms:

###

### Bowel habits (yep, it’s relevant!)

Typical number of bowel movements per day:

## Please note any chronic concerns/challenges with your bowels (constipation, diarrhea, etc):

How do you manage **stress**? What’s your typical stress level on a scale of 1-10 (low-high)

Hours of **sleep** per night + Quality of sleep:

Planned physical **activities** you make time for (and/or those you enjoy and would like to plan more time to enjoy):

**Social/Employment** information (family/roommates you live with, work + typical hours of work):

Who does the grocery shopping and cooking at your home?

###

### Nutrition Challenges: Let me know your biggest concerns around food and eating.

###

###

###

### Describe your history with food. Do you feel food serves a positive role in your life, or is it more like a love/hate relationship?

**Are you currently following any diet plans or dietary restrictions? (Explain, if so.)**

###

### What outcomes are you hoping to achieve through our nutrition consultation sessions?

##

# Please feel free to note any other issues, questions, or concerns you would like to address during your consultation. Let me know if anyone you live with requires specific dietary considerations.

##

## 24h Nutrition History

Please complete as best you can over the course of a typical 24 hour period sometime within the week leading up to your scheduled appointment. If this is triggering for you, please skip this activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Time of day | Food/Beverage | Cooking method (raw, steamed, fried, grilled, baked, broiled, etc); note any cooking oils etc here | Mood, emotional status, hunger level, or other notes |
|  |  |  |  |
|
|
|
|
|
|
|
|
|
|

Thanks so much for completing this intake form! The information contained within will help me to best assess your nutrition concerns and use our time efficiently to meet your needs.