

Chef Chris Becker
M.S., Nutrition C.N.E.

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Nutritional Intake Form

Date: _____

GENERAL INFORMATION

required fields are in red

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Birth date: _____

HEALTH

What are your main personal health concerns, in order of importance?

1. _____
2. _____
3. _____

Is there anything else about your health that you feel is important to share?

Do you consider yourself happy? Yes _____ No _____

How many (good) hours of sleep do you get each night? _____

Do you consider yourself fit? Yes _____ No _____

How often do you exercise outside your daily work/home routine? _____

What types of exercise do you do?

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Nutritional Intake Form

HEALTH ~ cont'd

Do you smoke? Yes _____ No _____

Do you find it hard to shake an infection? Yes _____ No _____

Do you bruise easily, or does your skin take a long time to heal? Yes _____ No _____

DIET

Are you a Vegetarian? _____ If so, how long _____

Vegan? _____ If so, how long? _____

How many servings of fruit do you eat each day? _____ Vegetables each day? _____

When cooking meats, how are they usually prepared?

Please list favorite foods/beverages that you consume on a fairly regular basis:

How many glasses of water do you drink in a day? _____

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Nutritional Intake Form

DIET ~ cont'd

What are your favorite snack foods?

Morning snack(s) _____

Afternoon snack(s) _____

Briefly, what is your relationship with food? (e.g....Do you live-to-eat or eat-to-live?)

Do you like to cook, or does someone cook for you? I cook _____ Someone else cooks _____

CLIENT STATEMENT

I understand and acknowledge, voluntarily, that the services hereby provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnosis, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. All information will be kept strictly confidential.

Name (printed) _____

Signature _____ *print signature*

Thank you. I look forward to our consultation and the opportunity to work with you!

Once completed please email form back to Chef Becker: chefwbecker@beckernutrition.com.

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