LESLIE ANDERS M.S., R.D.N, C.D.N.

Date_____

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

E-mail _____ Occupation _____

Telephone No: Home _____ Cell: _____

Referred By _____

Medications (prescription and over the counter)

_____

_____

_____

_____

_____

_____

_____

Primary Care Physician _____

PCP Phone Number _____

Specialists (Other doctors)

_____

_____

_____

_____

Supplements (Vitamins, minerals, herbs, other)

_____ _____

_____ _____

_____ _____

What are your reasons and goals for seeking Nutritional Counseling?

1. _____ 3._____

2. _____ 4._____

Please list any symptoms that you have been experiencing

_____ _____

_____ _____

Medical Conditions / Diagnoses

****Please indicate the approximate year you were diagnosed with each condition**

- ❑ High Blood Pressure/ Hypertension
- ❑ High Cholesterol/Triglycerides
- ❑ Diabetes
  - ❑ Retinopathy
  - ❑ Neuropathy
- ❑ Cardiovascular Disease
- ❑ Eating Disorders
- ❑ Reflux/GERD/Heartburn
- ❑ Inflammatory Bowel/Gut Disorder
  - ❑ Ulcerative Colitis
  - ❑ Crohn's Disease
  - ❑ Diverticulosis/Diverticulitis
- ❑ Stomach/Gastric disorders
- ❑ Irritable Bowel Syndrome
- ❑ Constipation
- ❑ Food Intolerances /Sensitivities
- ❑ Gluten intolerance
  - ❑ Celiac
- ❑ Liver Disease
- ❑ Renal/Kidney Disease
  - ❑ Kidney Stones
  - ❑ Gout
- ❑ Gallbladder Disease/ Gallstones

Women's Health Conditions

- ❑ PCOS
- ❑ Menopause
- ❑ Menstrual history
- ❑ Pregnancy/Postpartum
- ❑ Other: _____

- ❑ Allergies
- ❑ Respiratory Conditions
  - ❑ Asthma
- ❑ Cancer (Type) _____
- ❑ Migraines/Headaches
- ❑ Arthritis
  - ❑ Osteoarthritis
  - ❑ Rheumatoid Arthritis

Auto-immune Diseases

- ❑ Lupus
- ❑ Multiple Sclerosis
- ❑ Sjögren's Syndrome
- ❑ Chronic Fatigue Syndrome
- ❑ Other: _____
- ❑ Thyroid Condition
- ❑ Fibromyalgia
- ❑ Osteoporosis/Osteopenia
- ❑ Skin Conditions
  - ❑ Psoriasis
  - ❑ Eczema
  - ❑ Acne

Other:

_____

_____

_____

_____