Megan Magee, Registered Dietetic Tech

Nourish Nutrition Consulting

303-921-7640 **megan@nourishnutritiononline.com**

NUTRITION QUESTIONNAIRE

Please fill out this questionnaire to the best of your ability. It will help to assess your nutritional status and develop an individualized plan to meet your needs.

NAME:_____ DATE:_____

ADDRESS:_____CITY:_____STATE:____ZIP:_____

HOME PHONE:_____ CELL PHONE:_____ EMAIL:_____

PREFERRED METHOD OF COMMUNICATION: (circle 1) *Email *Text *Phone Call

DATE OF BIRTH:_____ REFERRED BY:_____

AGE:_____ HEIGHT:_____ WEIGHT:_____ USUAL WEIGHT:_____ GOAL WEIGHT:_____

OCCUPATION:_____ WORK HOURS:_____

Do you have any of the following? Please check all that apply.

Health Condition	**Do you have? Yes or No Describe**	**Family History? List family member**
Type 1 Diabetes		
Type 2 Diabetes		
High Blood Pressure		
High Cholesterol		
Heart Conditions		
Thyroid Condition		
Liver Conditions		
Kidney Conditions		
GI Disorders		
HIV		
Pregnant/ Nursing		
Cancer/ Chemotherapy		
Chronic pain		
Depression		
Eating Disorder		

Any other diagnosis not listed above: (Please specify)_____

Are you currently taking any *prescriptions* or *over the counter medications*? Please explain.

_____

_____

Are you currently taking any *vitamins, minerals, or food supplements*? Please include brand and dose.

_____

_____

- ✓ Are you interested in learning about supplements that may help with your condition? **Yes or No (Circle One)**

NUTRITION GOALS:

List your top 3 chief complaints/ health concerns

1. _____
2. _____
3. _____

What is your goal and/ or desired outcome?_____

_____

_____

How long do you think it will take to reach your goal?:_____

_____

DIETARY HISTORY:

What methods of weight management have you previously tried?_____

_____

Have you ever been on a special diet? Please specify._____

_____

Does anyone in your household follow a special diet? Please specify._____

_____

Do you have any food allergies or foods you will not eat? Please specify._____

_____

Do you drink caffeinated beverages or alcohol? Please indicate type and frequency.

_____

How often do you eat away from home?_____

When you eat away from home, where do you eat most often? (Check all that apply)

Restaurant_____ Grocery Store_____ Brown Bag_____

Fast Food_____ Cafeteria_____ Other_____

Number of household members_____ Who prepares the meals?_____

Who does the grocery shopping?_____ How often?_____

ACTIVITY:

Describe your exercise program, if applicable. What do you do? How often?_____

_____

Physically, do you consider your work:

Very Active_____ Moderately Active_____ Light_____ Sedentary_____

Do you have a medical or physical condition that affects your diet or your ability to exercise?

_____

MISCELLANEOUS:

Would you like to have your email address added to Megan Magee, DTR's group list to receive bi-monthly emails with current news articles, recipes, healthy tips, and motivational tips (Your email address will be kept confidential and will not be sold or distributed to any other party).
Yes or No (Circle One) Email Address:_____

Does the place of your employment **(Check if Yes)**

_____Host employee health fairs? _____Offer wellness workshops for their employees?

_____Bring in guest lecturers for staff meetings/ employee training?

Do you belong to any groups/ organizations that bring in guest lecturers (PTA, women's groups, church groups, etc…) **Yes or No (Circle One)**

If you answered Yes to the above, please list the name and phone number for the person who organizes these health fairs and or lectures_____

Megan Magee, Registered Dietetic Tech

Nourish Nutrition Consulting

303-921-7640

megan@nourishnutritiononline.com

Informed Consent

Megan Magee, Registered Dietetic Tech (DTR) is not a medical doctor. She does not claim to diagnose, treat, cure, or prevent any medical conditions or pathologies, nor prescribe medicine, nor in any way represent herself as so doing. The services of a Dietetics Professional cannot replace those of a licensed physician. For any medical condition, you are advised to seek care from an appropriate medical practitioner. Whether you choose to engage a medical practitioner or not to assist you in your care is your right and Mrs. Magee assumes no responsibility for your decision in this matter.

I, the undersigned, assume all responsibility for decisions I make regarding my health, recognizing that (a) no claims are made that herbal, nutritional, or dietary recommendations can treat or cure any medical condition, (b) all recommendations are given for informational purposes only, (c) there is no implied or stated guarantee of success or effectiveness of any specific dietary, nutritional, or herbal recommendations, (d) I am free to act upon or disregard the recommendations of Megan Magee, DTR, as I so choose. I hereby release Megan Magee from all responsibility for my actions and any consequences thereof in the present time and in the future with no constraints. I hereby affirm that I consent and agree to the above statements of my own free will and request to engage in the services offered by Megan Magee, DTR and participate in a professional relationship with her pursuant to the statements herein.

Client's Name (print)	Client's Signature	Date

Client's Representative (print)	Signature of Client's Rep.	Date

Relation to Client: _____

Fee Schedule

An electronic invoice will be sent to your email following a consultation. Payment is due immediately upon receipt of invoice.

Consultations:

Initial 1-Hour $110

Follow-up 60 minutes $65

Follow-up 30 minutes $49

4-pack of 30 minute follow ups $180

Frequency of consultations will be determined between client and practitioner.

Miscellaneous:

Lab Review 1-hour consult $99

Any fees for lab testing or supplementation will be discussed as needed

Attendance Policy:

Your appointment time is scheduled for you and you alone. To serve you best, please give 24-hours notice if needing to reschedule or cancel an appointment. ***The attendance policy fee for giving less than 24 hours notice is $49.***

Initial:_____

Client's Name (print)	Client's Signature	Date

Client's Representative (print)	Signature of Client's Rep.	Date

Relation to Client: _____