Urban Nutrition, LLC
Life is hectic, eating healthy shouldn't be.

Welcome and congratulations on taking your first step toward achieving a healthier lifestyle!

Please complete the following forms and fax them to 817-423-7697:

Once you submit the forms, an appointment will be scheduled.

1. Patient Registration Form
2. Patient History (included in this document)
3. Food Frequency Questionnaire (included in this document
4. Food Diary

Here's what to expect:
1st session: Initial Nutrition Consultation includes a review of your food intake, lifestyle, and medical background with an evaluation of your nutritional needs. A personalized plan of action will be developed with small achievable steps that you can take to successfully meet your goals. A one day personalized sample menu may be provided.

*Weekly or monthly, customized meal plans are available for an additional fee.
Customized meal plans include breakfast, lunch, dinner, and optional snacks and will be based on your specific food preferences and nutritional needs. Grocery lists and step-by-step recipes are also included to take all of the "work" out of meal planning.

Follow-up sessions: Follow-up sessions provide you with the tools and resources you need to continue moving in the right direction. Follow-up sessions will be scheduled on an as needed basis and may be helpful to achieving optimal results. Individualized feedback on your progress along with a reassessment of your health goals will be addressed. You may receive sample menus, grocery lists, dining out guides, educational handouts, food journals, and more depending on your personal needs.

If you have any questions please do not hesitate to call or email me. Thank you!

Healthy Regards,

Jessica Coffee, RD, LD & Nicole Chase, RD, LD
Registered & Licensed Dietitians

Urban Nutrition, LLC
Phone: 972.246.8686 • Fax: 817.423.7697
MyUrbanNutrition.com

Urban Nutrition, LLC
Life is hectic, eating healthy shouldn't be.

Patient History

Name_____ Date_____

DOB_____ Age_____ Gender_____

Physical and Medical Information:

Height_____ Current Weight_____ Desired Weight_____

How long have you been at your current weight? _____

If your weight has changed, please describe what you did to lose or gain weight and indicate how long you have been working on changing your body composition:

_____

_____

_____

Please check the following medical conditions that have been diagnosed by your doctor:

_____Allergies
_____Anemia
_____Asthma
_____Cancer
_____Constipation
_____COPD
_____Depression
_____Diabetes/Pre-Diabetes
_____Diverticulosis/Diverticulitis
_____Gallbladder Disease
_____Heart Disease
_____Heartburn
_____High Blood Pressure
_____High Cholesterol
_____High Triglycerides
_____Inflammatory Bowel Disease
_____Liver Disease
_____Low Blood Sugar
_____Migraines
_____Nausea/Vomiting
_____Neurological Disorder
_____Orthopedic Problems
_____Osteoporosis
_____Pregnancy
_____Thyroid Disorder
_____Kidney Disease
_____Other (please describe)
_____

Urban Nutrition, LLC
Phone: 972.246.8686 • Fax: 817.423.7697
MyUrbanNutrition.com

Urban Nutrition, LLC
Life is hectic, eating healthy shouldn't be.

List known lab values:

_____Total Cholesterol
_____LDL Cholesterol
_____HDL Cholesterol
_____Triglycerides
_____Blood Glucose
_____Hgb A1c
_____Hemoglobin
_____Hematocrit

Please list any additional labs:

_____

_____

_____

_____

Do you take any medications? If so, please list the medications (both over-the-counter and prescription) that you currently take.

_____

_____

_____

_____

Do you take any vitamin/mineral supplements?
If so, please list types of supplements and the amounts that you take:

_____

_____

_____

_____

Do you cook for yourself? If so, how often and what types of foods do you prepare?

_____

_____

_____

_____

Urban Nutrition, LLC
Phone: 972.246.8686 • Fax: 817.423.7697
MyUrbanNutrition.com

Urban Nutrition, LLC
Life is hectic, eating healthy shouldn't be.

Do you grocery shop?_____

Do you want to change your eating habits? _____

How would you describe your eating habits? (Mark with "X".)

_____Good _____Fair _____Poor

Describe a typical day of physical activity and food intake (times, amounts, and types of foods and fluids consumed; and type, intensity, and duration of activity).

_____

_____

_____

_____

_____

_____

_____

Please list any specific concerns or questions regarding your diet that you would like to have addressed. Why do you want to see a dietitian?

_____

_____

_____

_____

_____

_____

_____

Using the scale below, indicate by circling your level of readiness for making dietary changes. 1 = not ready, 10 = very ready.

1 2 3 4 5 6 7 8 9

Urban Nutrition, LLC
Phone: 972.246.8686 • Fax: 817.423.7697
MyUrbanNutrition.com

Urban Nutrition, LLC
Life is hectic, eating healthy shouldn't be.

Food Frequency Form

Name_____ Date_____

Please indicate by placing an "X" in the box with the most accurate response.

Food	Daily	More than Once a Week	Less than Once a Week	Never/ Rarely
Milk				
Yogurt				
Cheese				
Red Meat				
Poultry				
Fish				
Pork				
Eggs				
Dried beans, legumes				
Peanut butter				
Cereal				
Breads				
Potatoes				
Pasta				
Rice				
Nuts				
Fruits				
Vegetables				
Margarine, butter				
Cooking oil				
Mustard				
Mayonnaise				
Salad Dressing				
Ice cream				
Cookies, cake, pie				
Soy based foods (tofu, soy burgers, soy milk, etc.)				
Coffee				
Tea, Iced tea				
Sugar-free drinks (Crystal light, diet soda, etc.)				

Urban Nutrition, LLC
Phone: 972.246.8686 • Fax: 817.423.7697
MyUrbanNutrition.com