top balance nutrition
balance in food, balance in life

347 fifth avenue, suite 606
new york, ny 10016
phone: 212.510.7651 fax: 646.807.4812

INITIAL QUESTIONNAIRE

Name:_____

Date of Birth:_____Age:_____

Height:_____Weight:_____

Sex: Male Female Marital Status: Single Married Divorced Widowed

Address:_____

_____

Home Phone:_____Cell Phone:_____

E-mail:_____

Employed/Student/Other:_____

Occupation:_____

Primary Insurance Information:

Name on the Insurance Card:_____

Insurance Name:_____

Policy Number:_____

Group Number (if applicable):_____

Specialist Co-pay (if known):_____

Primary Care Physician (name, address, phone number):

_____

top balance nutrition
balance in food, balance in life

347 fifth avenue, suite 606
new york, ny 10016
phone: 212.510.7651 fax: 646.807.4812

All prescription medications you are currently taking:

_____

_____

_____

All over the counter supplements you are currently taking:

_____

_____

_____

Significant medical history:

_____

_____

_____

Family medical history:

_____

_____

_____

Food allergies, intolerances and reactions:

_____

_____

_____

Past diets (which ones worked and which ones did not):

_____

_____

_____

top balance nutrition
balance in food, balance in life

347 fifth avenue, suite 606
new york, ny 10016
phone: 212.510.7651 fax: 646.807.4812

Exercise (what type and how often):

_____

_____

_____

Your current weight:_____ Any recent weight changes (Yes/No):_____

Weight you are most comfortable at:_____

Last time you were at that weight?_____

Lowest weight in your adult life:_____ Highest weight in adult life:_____

How do you feel about your body (please circle one):

Strongly dissatisfied Dissatisfied Satisfied Extremely Satisfied

How often do you weigh yourself?_____

Who takes care of your food preparation?_____

Do you cook?_____ Do you have a functioning kitchen?_____

Do you bring your own lunch?_____

How many times per week do you go out to eat?_____

top balance nutrition
balance in food, balance in life

347 fifth avenue, suite 606
new york, ny 10016
phone: 212.510.7651 fax: 646.807.4812

What are your favorite places to eat out (please list specific names):

_____

_____

_____

List of your most favorite foods:

_____

_____

_____

List of least favorite foods:

_____

_____

_____

What is the main reason for your visit?

_____

_____

_____

Are there any specific questions you would like to be answered?

_____

_____

_____