Nutrition Worksheet

PATIENT INFORMATION

Name: _____ Age: _____

Gender:

◯ Male ◯ Female ◯ Non-binary ◯ Other

Medical History:

CURRENT DIETARY HABITS

Food Log

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Fluid Intake

Fluid Intake:

Meal Timing

Breakfast: _____ Lunch: _____

Dinner: _____ Snacks: _____

FOOD GROUPS AND NUTRIENTS

Food Groups

Fruits:

Vegetables:

Grains:

Proteins:

Dairy:

Fats/Oils:

Macronutrients

Carbohydrates:

Proteins:

Fats:

Micronutrients

Vitamins:

Minerals:

NUTRITION EDUCATION

Educational Content:

GOAL-SETTING

Personalized Goals

Short-term Goals:

Long-term Goals:

Behavioral Goals

Behavioral Goals:

PROGRESS TRACKING

Goal Progress:

Review and Adjust:

PROFESSIONAL GUIDANCE

Professional Recommendations:

Notes and Recommendations:

Next Appointment/Review Date: _____ dd / mm / yyyy