

Cross Court Athletic Club

NUTRITION PROFILE SHEET

Laurie Kamigawachi, MS, RD

Please complete this form and return it to the front desk. I will contact you to schedule an appointment after receiving this completed form.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

WHAT ARE THE MOST CONVENIENT DAYS AND TIMES THAT YOU ARE ABLE TO MEET? _____

ARE YOU MALE? ___ FEMALE? ___

HEIGHT: _____ CURRENT WEIGHT: _____ DESIRED WEIGHT: _____

DO YOU HAVE ANY MEDICAL PROBLEMS? IF SO, WHAT ARE THEY? _____

ARE THERE ANY DIET OR NUTRITION RECOMMENDATIONS THAT YOUR DOCTOR HAS ADVISED? IF SO, WHAT ARE THEY? _____

WHAT NUTRITION OR DIET CONCERNS DO YOU HAVE?

PLEASE LIST MEDICINES YOU TAKE: _____

PLEASE LIST VITAMINS, MINERALS, HERBS, OR OTHER SUPPLEMENTS YOU TAKE:

WHAT DO YOU CURRENTLY DO FOR PHYSICAL ACTIVITY? HOW OFTEN DO YOU DO THESE ACTIVITIES AND FOR HOW LONG?

FOOD RECORD: please record everything you eat for one to three days, specifying the food or beverage and the amounts. Please use real measurements such as ounces, cups, teaspoons, etc. You may attach additional pages.

Date/time	Amount	Food/Beverage consumed	Leave this column blank