Nutrition Appointment Pre-Assessment Form

How to Make an Appointment
Please call 716-645-2837 between the hours of 9:00 a.m. to 5:00 p.m. to schedule an appointment, or stop by our office at 114 Student Union.

Personal Information

Name

Phone (include area code)

Email (@buffalo)

Height (feet, inches)

Weight (pounds)

Date of Birth (MM/DD/YYYY)

Gender

Nutrition Assessment Information

Why are you seeking an appointment?

Were you referred by Health or Counseling Services? If so, please indicate who referred you.

Do you have any dietary restrictions or preferences (i.e. vegan, vegetarian, lactose intolerance, religious dietary observances, gluten sensitivity, etc.)?

Please list all vitamins, minerals, herbs or other supplements (i.e., protein powders, etc.) that you take, and how often.
List the foods you like in each of the following categories. It’s okay to indicate “all except…”

Fruits and fruit juices

Vegetables, salads

Dairy products, dairy alternatives

Meat, poultry, fish, eggs, meat alternatives

Beans (red, etc.), lentils, nuts, seeds

Grains (breads, cereals, pasta, rice, etc.)

Desserts, snack foods

Beverages

Condiments, dressings, butter/margarine/oils

Are there any foods you will not eat (not including dietary restrictions, preferences, or observances)?

How much water do you drink daily, on average?

Please check any factors that you feel most affect your eating habits:

<table>
<thead>
<tr>
<th>Stress</th>
<th>Studying</th>
<th>Become “starving”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boredom</td>
<td>Parties/holidays</td>
<td>Erratic schedule</td>
</tr>
<tr>
<td>Anger</td>
<td>Eating out</td>
<td>Lack of availability/access to “healthy” food</td>
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<tr>
<td>Late night</td>
<td>Snacking</td>
<td>Vending machines</td>
</tr>
<tr>
<td>Watching TV</td>
<td>Overeating</td>
<td>Other</td>
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</tbody>
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What is your biggest concern about your food intake or eating behavior?

Do you tend to eat the same foods from one day to the next?

Do you have a campus meal plan? If so, what type?

Do you do some food shopping?

Do you do some food preparation?

List any regular physical activities that you do.