



New Patient Form

Name: _____ Age: _____ Gender: Male / Female

Phone: (best # to reach you) _____ Cell / home / work

Email address: _____

Referred by: Friend / Family / Other _____

What information do you want to learn from the Registered Dietitian?

Purpose and goals of this nutritional consultation: _____

What is your biggest nutrition / exercise related problem or concern?

Please list any food allergies / sensitivities / or foods you avoid and why.

Please list any diseases, medical conditions, or physical ailments in your past or that you possess currently.

Please list any medications, vitamins, minerals, herbal or dietary supplements you take currently, the form you're taking them in (pills, powders, teas, shakes, etc) and the length of time you have been using them. Please also note those used sporadically.

Please describe your current physical activity regimen (i.e. running, gym, Pilates, yoga, spinning, biking, tennis, basketball team, golf, working with a personal trainer, etc) and list any physical limitations (i.e. pain, current or past injuries, arthritis, etc).

By: Courtney M. Walberg, RD, NASM-CPT
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Please describe your weight history (weight each decade beginning with childhood, self-perception, attitude toward weight).

Usual body weight or weight 6 months ago: _____

Weight range over the past 5 years: _____

Goal weight and why you chose this number:

Please list your diet history (diets attempted, if you found success with them and what you believe works for your body).

Patient Agreement: Please read and sign below.

I agree that all of the information presented above is honest to the best of my knowledge.

I agree to a 24-hour cancellation policy (by phone # 949-338-2597)

Otherwise I will be billed for the visit (please provide credit card type and # that will be kept on file).

Credit care type: _____ Number: _____

Exp. Date: _____

I agree to maintain the privacy of others by not disclosing their names to friends, family, colleagues or members of the media at any time.

Patient Signature: _____ **Date:** _____

Thank you for your efforts! I agree to provide the highest quality of care, commitment and excellence using my skills as a Registered Dietitian and Certified Personal Trainer through nutritional therapy, and dietary counseling including individualized meal regimen plans, supplementation protocols and hydration needs, lifestyle behavior modifications and motivational tactics. ***Nutrition For Body And Mind*** encompasses both the nutrition and fitness components to lead you on the right path to overall health! I look forward to working with you and guiding you to healthful success.

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