

Nutrition Assessment

Nutrition Assessment

Personal Information

- **Name:**
- **Age:**
- **Gender:**
- **Date of Birth:**
- **Height:**
- **Weight:**
- **BMI:**
- **Contact Information:**

Medical History

- **Current Medical Conditions:**
- **Past Medical Conditions:**
- **Medications:**
- **Allergies:**
- **Family Medical History:**



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Nutrition Assessment

Dietary Habits

- **Typical Daily Intake:**
 - **Breakfast:**
 - **Lunch:**
 - **Dinner:**
 - **Snacks:**
 - **Beverages:**
- **Special Diets (if any):**
- **Food Preferences:**
- **Food Aversions:**
- **Frequency of Eating Out:**
- **Cooking at Home (Yes/No):**
- **Use of Supplements:**
- **Alcohol Consumption:**
- **Water Intake:**



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Lifestyle and Physical Activity

- **Occupation:**
- **Daily Physical Activity:**
- **Exercise Routine:**
- **Sleep Patterns:**
- **Stress Levels:**

Goals and Motivation

- **Main Health Goals:**
- **Reason for Seeking Nutrition Assessment:**
- **Motivation Level:**
- **Barriers to Healthy Eating:**

Biochemical Data (if available)

- **Blood Glucose Levels:**
- **Lipid Profile:**
- **Hemoglobin:**
- **Other Relevant Lab Results:**



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Dietary Analysis

- **Caloric Intake:**
- **Macronutrient Distribution (Protein, Carbohydrates, Fats):**
- **Fiber Intake:**

Nutrition Diagnosis

- **Nutritional Deficiencies:**
- **Overnutrition/Undernutrition:**
- **Eating Disorders (if applicable):**
- **Other Concerns:**

Plan and Recommendations

- **Dietary Changes:**
- **Meal Planning:**
- **Supplement Recommendations:**
- **Physical Activity Recommendations:**
- **Behavioral Strategies:**
- **Follow-Up Plan:**



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