

Nutrition Consultation Client Intake Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Occupation

Health Information

Height (cm)

Weight (kg)

What are your primary nutrition goals?

Do you have any medical conditions, allergies, or dietary restrictions?

Are you currently taking any medications or supplements?

Lifestyle & Eating Habits

Describe your typical physical activity (type, frequency):

Describe your typical daily meals and snacks:

List beverages you regularly consume (water, coffee, soda, etc.):

What challenges have you faced regarding nutrition?

Additional Information

Anything else you'd like your nutritionist to know?