

Nutritionist New Client Intake Form

Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Email Address

Address

City

State/Province

Postal/ ZIP Code

Emergency Contact Name

Emergency Contact Phone

Health Information

Height (cm/in)

Weight (kg/lb)

Do you have any medical conditions?

Medications or supplements

Allergies (food, medication, other)

Physical Activity Level

What are your primary health/nutrition goals?

Challenges or barriers

Dietary Habits

How many meals per day do you usually eat?

Do you have any dietary restrictions?

Preferred cuisines or foods

Foods you dislike or avoid

Usual beverages (e.g., water, tea, coffee, soda)

Anything else you'd like your nutritionist to know?

