

Pregnancy-Specific Dietary Needs Form

Full Name

Estimated Due Date

Weeks Pregnant

Contact Information

Healthcare Provider

Do you have any of the following? (Check all that apply)

☐

Gestational Diabetes

☐

Hypertension

☐

Food Allergies

☐

Other

Dietary Restrictions / Allergies

Are there any nutrients your provider recommends focusing on? (e.g., iron, calcium, folate)

Are you experiencing morning sickness, food aversions, or other symptoms that affect eating?

Cultural/Religious Dietary Preferences

Additional Notes or Special Needs