

Nutritionist Client Intake Questionnaire

Personal Information

Full Name

Date of Birth

Gender

Email

Phone

Health Information

Height

Weight

Current medical diagnoses or conditions

Current medications or supplements

Known allergies or food intolerances

Lifestyle & Dietary Habits

Briefly describe a typical day's meals/snacks

Usual beverage consumption (water, coffee, juice, alcohol, etc.)

Physical activity (type/frequency/intensity)

What are your biggest nutrition challenges?

What are your nutrition or health goals?

Additional Notes

Anything else you would like to share?