

# Online Nutrition Counseling Intake Form

## Personal Information

Full Name

Date of Birth

Email

Phone Number

Address

## Medical & Health History

Height

Weight

Current Medical Conditions

Current Medications/Supplements

Food Allergies or Sensitivities

## Lifestyle & Habits

Occupation

Physical Activity Level

Average Hours of Sleep

## Nutrition & Goals

Reason for Seeking Nutrition Counseling

What are your nutrition or health goals?

Biggest Challenges with Nutrition

## Additional Information

Other Comments