

# Prenatal Nutrition Evaluation Form

Name

Date of Birth

Email

Phone

Weeks Pregnant

Estimated Due Date

Pre-pregnancy Weight (kg)

Height (cm)

Current Weight (kg)

Weight Gain So Far (kg)

Known Food Allergies

Current Dietary Pattern (e.g. omni, vegetarian)

Vitamins or Supplements

Typical Daily Meals

Food Cravings or Aversions

Average Daily Fluid Intake

Comments or Questions