

Sierra Acupuncture & Healing Arts
512 North Division St. Carson City, NV 89703
775-841-3336

NUTRITIONAL INTAKE FORM

Name: _____

Date: _____

Please fill out the following dietary information:

1. Describe your present diet in one brief sentence: _____

2. Do you like to cook? Yes _____ No _____

3. By percentage, how often do you eat at home? _____% Eat out? _____%

4. What are some of your favorite foods? _____

5. What foods or flavors do you crave? _____

6. What foods or flavors do you have an aversion to? _____

7. What percentage of your food is: cooked/warm _____% raw/cold _____%?

8. How many cups of liquid do you drink in an average day? _____

9. Number of meals per day: _____ Do you eat between meals? _____

10. Do you eat a little or a lot? _____ Is your appetite regular? _____

11. Has your diet differed in the past? How? _____

12. As a child, which of these two types of food did you eat more of?

_____ eggs, meat, cheese, fish, salty foods or _____ fruit, milk, sweets, liquids, ice cream

13. Have you ever experienced periods of extreme weight gain or loss, or extreme changes in eating habits? Yes _____ No _____ If yes, please explain briefly: _____

14. Do you smoke tobacco? _____ If yes, how much and how frequent? _____

15. Do you drink alcohol? _____ If yes, what and how much? _____

16. Do you ever take any drugs? _____ What kind? _____

17. What vitamins or supplements do you take on a regular basis? _____

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18. Do you eat when feeling: sad _____, fearful _____, angry _____, happy _____, worried _____?
(please check appropriate items)

19. Do you usually eat in a relaxed manner, or on the run? _____

20. Is there anything else you would like to add? _____

21. Are there any specific areas in which you would like Nutritional/Dietary Guidance? _____

List amounts and kinds of foods eaten on an average day – and on occasion:

Whole grain: _____

Grain products: _____

Vegetables (note cooked or raw): _____

Fruit (note cooked or raw): _____

Beans and tofu: _____

Sea vegetables: _____

Soup: _____

Nuts, seeds, and their butters: _____

Fish: _____

Meat: _____

Eggs: _____

Dairy: _____

Salt and salty condiments (in cooking and at the table): _____

Spices: _____

Beverages: _____

Water: _____

Desserts: _____

Snack foods: _____

Seasonal changes: _____