



K A R E N R A D E N

## Patient Profile

<b>Name:</b>	
<b>Preferred Name:</b>	

<b>Guardian's Name (if under 18 years old)</b>	
--	--

<b>Today's Date:</b>	
----------------------	--

<b>Date of Birth:</b>	
-----------------------	--

<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>Fax #:</b>	
<b>Email:</b>			
<b>Contact person in case of emergency:</b>		<b>Contact phone number in case of emergency:</b>	

<b>Address, City, State, Zip:</b>	
-----------------------------------	--

<b>Please indicate how you found out about Karen. Referral?</b>

<b>Please indicate main reason(s) for appointment/your goals:</b>



K A R E N R A D E N

## **Nutrition Questionnaire**

**Name:**

**Today's Date:**

**Age:**

**What are you looking to achieve by talking with a nutritionist?**

**Have you ever met with a nutritionist in the past? What nutrition plans have you followed in the past?**

**Do you have any current diagnosis? If yes, please list**

**Who is your Primary Care Physician? Please indicate contact their information.**



## K A R E N R A D E N

**Please describe any significant medical history including surgeries, conditions, symptoms, etc.**

**Are you currently taking any medications? If yes, please list name(s) and reason(s) you are taking each.**

**Do you currently take any supplements? If yes, please list BRAND names and quantities taken. List when you take these supplements. (If you choose, you can photocopy labels and fax to Karen). Please bring in your bottles to our session.**

**Do you have any food sensitivities/food allergies? If yes, please list.**

**What is your living situation (married, single, children, how many?) Who does the shopping? Who does the cooking? Where do you shop? Do you enjoy cooking?**

**Please complete a 3 day Food Journal and include with paper work. Keep track of the time, type of food and quantities of food that you have eaten. These should be three "typical" days of how you are currently eating. Include beverages as well as all foods consumed.**



**K A R E N R A D E N**

**What is your height? Do you weigh yourself? If yes, what is your current weight?**

**What is your ideal weight? Do you know your body fat percentage?**

**Do you exercise? If yes, what type of exercise do you do? How frequently? Please describe your workout routine.**

**Is there any other information that you would like me to know about? If yes, please include here.**

**If you have any current laboratory results from your physician, please include a copy. Lab results within six months of testing will suffice.**

**Please email completed form to [info@karenraden.com](mailto:info@karenraden.com)  
or bring completed forms to our visit!**