



MEGAN JANE'S
— PLATE —

New Client Registration Form

Between Registered Dietitian, Megan Ostler MS, RDN and Client

CLIENT INFORMATION

Client's last name:	First (legal):	Middle:	Marital status:	
If you go by another name, please list:	Gender:	Age:	Birth Date:	
Street address:			Phone number:	
City:			State:	Zip:
Email Address:				
How did you hear about us:				

NUTRITION ASSESSMENT INFORMATION

Intentions and goals for consultation:			
Height (inches):	Weight (pounds):	Has your weight changed recently? No Yes (Explain)	
Please select any conditions that apply:		Diabetes	
		High Cholesterol / Cardiovascular Disease	
		Orthopedic Conditions / Osteoporosis	
		Cancer	
		Neurological Condition	
		Kidney Disease	
		Digestive Disorder	
		Irregular Menstruation	
		Disordered Eating	
		Other (please indicate):	

Is there any past medical history that is pertinent to your nutrition?		
Do you have any food allergies?	No/Unsure	Yes (please list):
Do you take any vitamins, minerals, herbals, or other supplements?	No/Unsure	Yes (please list):
Are you currently on medications that affect your nutrition or appetite?	No/Unsure	Yes (please list):
What is your current exercise routine?		
How would you describe your nutrition/lifestyle?		
What does a typical day of eating look like for you?		
Wake up		
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Post Dinner		
Hour many hours of sleep do you get on average?		
How would you rate your sleep quality?		
What is your biggest nutrition concern right now?		

The above information is true to the best of my knowledge and will update Megan Ostler if any information has been changed.

SIGNATURE

Please Print Your Name: _____

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Client Signature

Date