The following questions are meant to help us optimize our time together. Answer the questions below to the best of your ability. Feel free to make your answers as short or as long as you wish. Feel free to add any other information you would like me to know. Please send me your reply at nourishingroot@gmail.com. When I receive your form, I’ll contact you to schedule our session. Initial 90-minute virtual sessions are broken into two segments: 30-minutes for talking, information gathering and questions, 60-minutes for protocol. I look forward to meeting with you.

Name:

Street:

City, State, Zip:

Phone- work:

 -home:

 -cell:

Email:

Date of Birth:

Place of Birth:

Sex assigned at birth: female / male

Pronouns:

Height:

Weight:

Occupation:

Relationship status:

Children:

Pets:

Who referred you, if anyone:

-What brings you to this consult? Please check all that apply and comment if you wish.

\_\_\_Desiring change of diet

\_\_\_Dealing with a specific health challenge, dietary need, sensitivity, or allergy

\_\_\_Lose weight

\_\_\_Learn about meal planning

\_\_\_Learn about ingredients

\_\_\_Learn how to stock the pantry

\_\_\_Learn how to cook

\_\_\_Other

Comments:

-Please share what’s going on with your health in a few sentences:

-What do you hope for from this session?

**Health:**

-Have you had any major life changes recently? Please describe:

-How well do you sleep?

-Do you exercise? What kind, how often?

-Any health conditions or concerns?

-Any family history health conditions or concerns?

-Taking any medications?

-Taking any supplements?

-Taking antibiotics?

-Taking probiotics?

-Allergies/ food allergies/ food sensitivities?

-Diabetes? Type 1 or 2? For how long? Are you satisfied with diabetes management?

-How do you feel after eating?

-Belching?

-Farting?

-Indigestion?

-Diarrhea?

-Bad breath?

-Bowel movements: how many per day; what time of day; are they loose, medium, hard? easy or painful?

**Eating Habits:**

-Where do you eat? in the kitchen, dining room, other? sitting, standing, walking, driving?

-Do you snack? When? where? what?

-Favorite foods? treat foods?

-Foods you crave?

-Do you enjoy eating?

-What do you eat when you are happy?

-What do you eat when you are sad?

-Do you eat regular meals or skip meals?

-Do you eat in front of the television?

-Do you eat before bed?

-Any compulsive eating? emotional eating? eating disorders past or present?

-What foods do you remember positively from childhood and why?

-Any foods you have disliked since a young age?

-What was your family’s relationship with food like?

-What is your dream meal?

-Are you aware of your hunger? How soon after feeling hungry do you eat?

-Do you stop eating when you are feel full? Do you recognize when your body feels full?

-Do you wake up hungry?

-Would you say you chew your food well?

-Do you eat slowly or quickly?

**Beverages:**

-how much water do you drink a day?

-How often do you feel thirsty?

-Do you drink caffeine? coffee? tea? how much, when?

-Alcohol? what kind, how much, when?

-Do you drink other fluids? If so, what, how much, when?

-How often do you urinate?

**Cooking Habits:**

-Do you cook your meals?

-Do you enjoy cooking?

-Do you eat out/ take out?

-How many times a week do you shop for groceries?

-What kind of oil/fat do you cook with?

-Cook on gas or electric?

-Cook with a microwave? If so for which foods? How often?

* Do you like to eat three main meals or smaller meals throughout the day?
* Do you like to eat the same foods every day? for breakfast, lunch, dinner?
* Are there any foods you would like to learn more about?

-Do you buy organic?

-Do you buy local?

-Do you buy seasonal?

-Do you like to cook every day or have enough leftovers for one or more days?

-Do your meals offer a variety of colors?

-Are you drawn to any food colors?

-Which cooking methods do you use: steaming, sauteing, baking, roasting, braising, pan frying, deep frying?

**Describe what types of foods you eat and how often. Please underline what you really like to eat.**

-Sugar? what form? white, brown, sucanat, corn syrup, maple syrup, agave:

-Artificial Sweeteners:

-Whole grains:

-White flour (bread, pasta, baked goods):

-Dairy: what form: milk, butter, cheese, yogurt? what animal- cow, goat, sheep? organic?

-Eggs: organic?

-Fruits:

-Vegetables:

-Dark leafy greens:

-Meat:

-Poultry:

-Fish:

-Soy:

-Mushrooms:

-Raw foods:

-Juices:

-Soda:

-Candy/sweets:

-Packaged foods:

-Fried foods:

-Salt: iodized? kosher? sea salt?

-Spices:

-recreational drugs:

**-Body Type:**

-Familiar with Ayurvedic types? If so, how would you classify yourself? Internal and external?

Vata/Pitta/Kapha?

-Do you run hot or cold?

-What temperature liquids do you prefer to drink?

-Do you prefer hot, room temperature, or cool foods?

-Do you like spicy foods? How often do you eat them?

-What is your favorite season?

**Please write out a 3-5 day food diary detailing everything you eat.**

Honesty is the best policy so we can start where you are. :))

**Conclusion:**

-Is there anything else you would like to share about your relationship with food?