Kay S Beatty, MS, RDN
Healthy Weight Options, LLC

Patient Information Form for MNT, Lakeside MPT

Today's date _____ **Name** _____

Phone _____ **Email** _____

Gender: _____ **Height:** _____ **Weight:** _____ **Age:** _____

What issues brought you to seek nutrition counseling? _____

_____

What are your nutrition and health-related goals? _____

_____

Do you have any of the following health conditions? (circle all that apply)

Hypertension/high blood pressure	Diabetes	Prediabetes
Hypotension/low blood pressure	Arthritis	High Cholesterol
High Triglycerides	Constipation	Kidney Disease
Anorexia Nervosa or Bulimia	Celiac Disease	Gluten Sensitivity
Osteoporosis or Osteopenia	Liver Disease	Menopause
Hyperthyroidism	Hypothyroidism	Irritable Bowel Syndrome
Food Allergies (please list below)	Congestive Heart Failure	Autoimmune Disease (MS, LUPUS)

Please list any other medical conditions and elaborate on any of the conditions circled above.

_____

_____

_____

Please list all prescriptions, over-the-counter medications and herbal supplements you take on a regular basis.

_____

_____

Are you currently on a special diet? Yes/No **If "yes," what kind?** _____

At what activity level do you consider yourself? (circle one)

Sedentary Lightly Active Moderately Active Very Active Don't know

Do you engage in a structured exercise program? Yes/No **If "yes," what and how often?**

_____

List of all people (with ages) living in your household, and note who does the cooking and grocery shopping _____

_____

Please return this form to Lakeside Manual Physical Therapy (9445 Zachary Taylor Hwy, Unionville, VA 22567) or email to me at kay@healthyweightoptionsllc.com at least 24 hours before your appointment.