

NUTRITION CONSULTATION

CRANBERRY FAMILY CHIROPRACTIC

Name: _____

M F

Date: _____

Please check all that apply to you and your lifestyle.

FOOD CHOICES:

- Do you eat packaged foods more than 2x/week?
- Do you eat out more than 3x/week?
- Do you eat less than 5 servings of vegetables a day?
- Do you feel "addicted", or have cravings to foods?
- Do you typically choose low fat & low calorie foods?
- Do you eat white flour, white grains, or white bread?
- Do you eat fried foods more than 1x/week?
- Do you eat processed "deli" meat, bacon, sausage, or hot dogs?
- Are most of the fruits & vegetables you eat conventionally grown (non-organic)?
- Do you consume milk and dairy products at the grocery store?
- Are the majority of your animal products from the meat counter or freezer at the grocery store (as opposed to a health food store or local farmer)?
- Do you eat sweets or candy more than 1x/week?
- Do you feel you get all your needed nutrients from food, and therefore pass on supplements, including multivitamins and fish oil?

Your "typical" daily meal choices: _____

COOKING CHOICES:

- Do you use margarine?
- Do you use canola oil or vegetable oils in cooking or in salad dressings?
- Do you use Teflon or non-stick cookware?

Your "typical" daily cooking methods: _____

BEVERAGE CHOICES:

- Do you drink any type of soda?
- Do you drink less than 4 glasses of water a day?
- Do you drink coffee more than 2x/week?
- Do you use artificial sweeteners like Aspartame, Splenda, & Nutrisweet, or consume foods that contain them?

Your "typical" daily beverage choices: _____

LIFESTYLE/SYMPTOMS:

- Do you consider price & convenience of food to be more important than nutritional quality?
- Do you have hormonal imbalances?
- Do you frequently experience fatigue or insomnia?
- Do you have emotional/mental challenges or trouble concentrating?
- Do you suffer from joint pain or muscle aches?
- Do you eat while rushed or under stress?
- Do you, your doctor, or family feel that you should lose some body fat?
- Do you have weight resistance or thyroid problems?
- Do you have irregular blood sugar, diabetes, or pre-diabetes?
- Do you have blood pressure over 115/75?
- Do you suffer from sinus issues, asthma, or allergies (including rashes, eczema, & hives)?
- Do you have gastrointestinal issues?
- Do you drink more than 10oz of alcohol 3x/week?

Additional symptoms or nutritional choices: _____

Additional comments you'd like the doctors to be aware of: _____
