

Pre-Appointment Questionnaire

Please complete the following form **before** your appointment with the Dietitian, so that they can provide you with their best possible service. All information provided is confidential and appreciated.

NAME:

DATE:

1 What is the reason for your visit? _____

2 Please circle below any discussion points you would like cover during your appointment (Please note: some points may need to be covered or continued in future appointments)

Weight loss /
Weight Management

Weight /
Muscle Gain

Diabetes /
Heart Health

Allergies to
Food

Emotional Eating /
Comfort Eating

Hunger & Fullness
Awareness

IBS / Gastrointestinal
Symptoms

Specific
Nutrients

Fussy Eating
In Children

Mindful
Eating

Pregnancy and
Food

3 Have you seen a Dietitian before? If yes, please state when and what for:

4 Do you take any regular supplements? If yes, please state which ones:

How many times do you eat...

(Circle the most correct answer)

2 Slices Cheese	Never - Rarely	1-3 times per week	3-5 times per week	More than 5 times per week
Pottle (or 1/2 cup) of Yoghurt	Never - Rarely	1-3 times per week	3-5 times per week	More than 5 times per week
1 Glass of Milk (cow's or plant-based)	Never - Rarely	1-3 times per week	3-5 times per week	More than 5 times per week
1 serve of Red Meat (lamb, beef or pork) 1 serve = palm sized	Never - Rarely	1-3 times per week	1-3 times per week	More than 5 times per week
1 serve of ham, bacon, corned beef or salami 1 serve = 2-4 pieces	Never - Rarely	1-3 times per week	3-5 times per week	More than 5 times per week
1 serve of Fish (tinned or fresh) 1 serve = 1 small tin or hand sized serve	Never - Rarely	3-5 times per week	3-5 times per week	More than 5 times per week
Brown, Multigrain or Wholemeal Bread	Never - Rarely	1-3 times per week	2-4 times per day	5+ times per day
Legumes (e.g. chickpeas, lentils, kidney beans...)	Never - Rarely	1-3 times per week	3-5 times per week	More than 5 times per week
1 serve of Fruit	Rarely - Once per week	1-3 times per week	Once per day	2+ times per day
1 serve of Vegetables 1 serve = e.g. 1 carrot, 1/2 cup salad, 1/2 cup frozen veg	Rarely - Once per week	1-3 times per week	1-2 times per day	3+ times per day

If you drink alcohol, how many standard drinks per week do you consume on average?

CONTACT DETAILS:

Please Return to Village Health, 30 Lincoln Road OR email to your Dietitian:

Lydia: lydiam@villagehealth.net.nz; Leanne: leannec@villagehealth.net.nz