NUTRITION QUESTIONNAIRE

Filomena Vernace-Inserra, BASc, RD
Woodbridge, Bolton, & Etobicoke
www.innerhealth1.ca 905-265-2140

Change does not happen by chance. Congratulations on recognizing the need to change how you live each day! Whether it is to eat healthier, lower your body weight, or address health concerns such as elevated blood pressure, blood sugars, or cholesterol, this program will assist you to make the necessary changes to achieve a healthier you!

You have embarked on one of the most important journeys of your life! Addressing dietary and lifestyle habits to achieve improved health and well-being is no easy task. One that many cannot embark on alone! The nutritional counseling that you will receive will be tailored to meet your specific needs, address your specific concerns, one step at a time.

As a Registered Dietitian close to 20 years of patient counseling experience, I look forward to joining you on this journey towards better health and vitality. To assist me in guiding our counseling sessions, please complete the attached nutrition questionnaire. Included here is a 3-day food record which will ask you to record everything you eat and drink for 3 days prior to the scheduled nutrition appointment.

When completing the questionnaire, or documenting your food intake, answer honestly and maintain your usual eating habits. Please be as detailed as possible when listing your food intake for each of the 3 days. Be sure to document what you eat and drink as you consume these foods and beverages for increased accuracy.

As a reminder, private nutrition counselling sessions are **not** covered by OHIP. Some private extended health care plans do cover nutrition counselling fees. Contact your representative to find out if you are eligible. Fees are payable when services are rendered. Receipts will be issued accordingly. Cash or cheque is the only form of payment accepted at the office.

Your initial assessment visit is 1 hour in length and subsequent follow-up visits are ½ hour. In the event of a cancellation, you are requested to contact the Dietitian via telephone or email **24 hours prior** the scheduled appointment.

Please remember to bring the completed Nutrition Questionnaire with you to your appointment. I look forward to joining you on this important journey of change to a healthier you.

Filomena

Woodbridge Office
Columbus Medical Building
8333 Weston Rd (just south of Langstaff)
4th floor, Suite 405

Bolton Office
Bolton Medical Centre
12295 Hwy 50, Suite 209
(across from Honda Dealership)

Kipling Heights Medical
2291 Kipling Ave
Etobicoke, ON

PERSONAL INFORMATION

☐ **DO YOU CONSENT TO EMAIL/PHONE COMMUNICATIONS WITH FILOMENA?**
☐ **WOULD YOU LIKE TO BE ADDED TO OUR MONTHLY NUTRITION NEWSLETTER?**

Name: _____

Address: _____ _____ **Email address:** _____	**Phone Number:** _____ **Work Number:** _____ **Cell Number:** _____
Family Physician: _____ **Phone Number:** _____ **Referring Physician**: (if different from family physician) _____	**Do you consent to the Dietitian contacting the referring physician for additional information such as bloodwork results or medications pertaining to your nutritional care:** O Yes, I give consent to Filomena contacting my referring physician to obtain more medical information that pertains directly to my nutritional care O No, I do not give consent
Age: _____ **Date of Birth:** (dd/mm/yy) _____	**Family Medical History (parents, siblings):** ☐ Cardiovascular ☐ Diabetes ☐ Other ☐ Cancer ☐ Weight
Medical History: (please check all that apply) ☐ Food Allergies: _____ ☐ Food Intolerances: _____ ☐ Elevated blood cholesterol/heart problems ☐ Elevated blood pressure ☐ Elevated blood sugar/Diabetes ☐ Gastrointestinal disorders/discomfort ☐ Neurologic (ie.mental health) ☐ Thyroid disorder ☐ Bone/Joint problems ☐ Surgeries: _____ _____	**Medications & Nutritional Supplements:** _____ _____ _____ _____ _____ **Have You Received Previous Nutrition Counselling?** O No O Yes, if yes answer the following: Where and in what setting did you receive the nutrition counselling: **Where:** **How:** O hospital setting O individual O community centre O group O private O other: _____

FOOD RECORD FORMS - DAY #1

Is This A Workday? ◯ Yes ◯ No ◯ N/A

Name:_____ Date:_____

Meal/Time (am/pm)	Food/Beverage Description (one item per line)	Portion Size (quantity)	At Home/Restaurant
Example *7am*	*Bran cereal*	*1 cup*	*Home*

Is this a typical day? ◯ Yes ◯ No

If no, please explain why:_____

FOOD RECORD FORMS - DAY #2

Is This A Workday? ○ Yes ○ No ○ N/A

Name:_____ Date:_____

Meal/Time (am/pm)	Food/Beverage Description (one item per line)	Portion Size (quantity)	At Home/Restaurant
Example *7am*	*Bran cereal*	*1 cup*	*Home*

Is this a typical day? ___Yes ___No
If no, please explain why:_____

FOOD RECORD FORMS - DAY #3

Is This A Workday? ◯Yes ◯No ◯N/A

Name:_____ Date:_____

Meal/Time (am/pm)	Food/Beverage Description (one item per line)	Portion Size (quantity)	At Home/Restaurant
Example *7am*	*Bran cereal*	*1 cup*	*Home*

Is this a typical day? ◯Yes ◯No

If no, please explain why:_____