BARCODE
(ADMINISTRATIVE USE)

the clinic *by International Rehabilitation Specialists*
118 Jiashan Rd. Building B, Floor 5, Suite A501
Shanghai - 200031 I CHINA
T: (+86.21) 336.888.01
F: (+86.21) 336.888.92
www.theclinic.international

NUTRITIONAL EVALUATION FORM 营养评估表

Name / 姓名: _____ Gender / 性别: *M* / 男 ☐ *F* / 女 ☐

DOB / 出生日期: D/日:_____ M/月: _____Y/年:_____ Weight / 体重: _____kg Height / 身高: _____cm

Occupation / 职业: _____ Hours of work per week / 每周工作几小时: _____

1. Please list your main health concerns / 主要的健康问题:

_____

2. How have you dealt with these concerns in the past (doctors, self-care)? / 如何应对这些问题的？(医生, 自己解决?)

_____

3. What food did you eat often as a child? / 幼年时期您的饮食状况?

Breakfast 早餐: _____

Lunch 午餐: _____

Dinner 晚餐: _____

Snacks 点心: _____

Beverage 饮料: _____

2. What's your food like these days? / 目前您的饮食状况?

Breakfast 早餐: _____

Lunch 午餐: _____

Dinner 晚餐: _____

Snacks点心: _____

Beverage 饮料: _____

3. Will family and / or friends be supportive of your desire to make food and/or lifestyle changes? / 家人、朋友是否会支持您新的健康生活方式

_____

BARCODE
(ADMINISTRATIVE USE)

the clinic *by International Rehabilitation Specialists*
118 Jiashan Rd. Building B, Floor 5, Suite A501
Shanghai - 200031 I CHINA
T: (+86.21) 336.888.01
F: (+86.21) 336.888.92
www.theclinic.international

4. Is there any food you particularly like or crave? / 有没有特别想吃、无法放弃的东西？是什么？

_____

5. How has your diet changed in relationship to your health problems? (special diets?) / 有没有因为健康问题而改变饮食？如何改变？

_____

6. What percentage of your food is home cooked? / 您在家吃饭的比例为多少？

_____

7. Do you cook? / 自己会煮饭吗？

_____

11. Please indicate which of the following you eat and the frequency: / 请标示您使用的食物种类以及频率：

(O)= Often 经常 (S)= Sometimes 有时

☐ Red Meat 红肉	☐ Cow Milk 牛奶	☐ Ice Cream 冰淇淋
☐ White Meat 白肉	☐ Goat Milk 山羊奶	☐ Yoghurt 酸奶
☐ Pork 猪肉	☐ Cheese 芝士	☐ Pastries/Cookies, Candy 糕点/ 饼干，糖果
☐ Eggs 鸡蛋	☐ Butter 黄油	☐ Fried Food 油炸食品
☐ Fish 鱼	☐ Margarine 人造黄油	

Indicate your preference in taste
请标示您的口味喜好

Like => +	☐ Spicy 辣	☐ Salty 咸
Dislike => –	☐ Bitter 苦	☐ Sweet 甜
	☐ Purgent 强烈	☐ Sour 酸

☐ Beans 豆子	☐ White Rice 白米	☐ Brown Rice 黄米	☐ Quinoa 藜麦	☐ Seeds 种子
☐ Tofu/ Tempeh 豆腐/丹贝	☐ White Bread 白面包	☐ Amaranth 苋菜	☐ Oats 燕麦	☐ Nuts/ Nuts Butter 坚果/ 坚果酱
☐ Miso 味增	☐ Pasta 意大利面	☐ Millet 黍	☐ Buckwheat 荞麦	

IMPORTANT NOTE 重要提醒

This nutritional pre-evaluation form needs to be submitted together with the ***Patient Registration*** *and* ***Medical History Forms***

这份初步营养评估表需要与**病人注册表**及**医疗记录表**一起提交

Evaluation Date 评估日期: DD / 日:_____ MM / 月: _____ YYYY / 年:_____
(for the clinician use 由临床医师填写)