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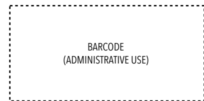

NUTRITIONAL EVALUATION FORM

`

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

DOB / 出生日期: ☐☐/☐☐/☐☐☐☐ 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?

____

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

____

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?

8. Where do you get the rest from? / 不在家吃的话，吃饭如何解决?

9. Your health goal is? / 您的健康目标是什么?

10. Would you like your weight to be different? If so, what? / 您的理想体重:

11. Please indicate which of the following you eat and the frequency:

(O)= Often (S)= Sometimes

- [ ] Red Meat
- [ ] White Meat
- [ ] Pork
- [ ] Eggs
- [ ] Fish
- [ ] Cow Milk
- [ ] Goat Milk
- [ ] Cheese
- [ ] Butter
- [ ] Margarine
- [ ] Ice Cream
- [ ] Yoghurt
- [ ] Pastries/Cookies, Candy
- [ ] Fried Food

Indicate your preference in taste

Like => +
Dislike => –

- [ ] Spicy
- [ ] Salty
- [ ] Bitter
- [ ] Sweet
- [ ] Purgent
- [ ] Sour

- [ ] Beans
- [ ] Tofu/Tempeh
- [ ] Miso
- [ ] White Rice
- [ ] White Bread
- [ ] Pasta
- [ ] Brown Rice
- [ ] Amaranth
- [ ] Millet
- [ ] Quinoa
- [ ] Oats
- [ ] Buckwheat
- [ ] Seeds
- [ ] Nuts/ Nuts Butter

IMPORTANT NOTE

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

Evaluation Date: DD / 日: ☐☐ MM / 月: ☐☐ YYYY / 年: ☐☐☐☐
(for the clinician use)