Initial Appointment: Nutrition/Weight Loss Assessment Form

Name: _____ Gender: Male / Female

Date: _____ D.O.B: _____

Measurements:		
Height:		
Weight:		
Waist:		
Hips:		
Thigh:	Right:	Left:
Calf:	Right:	Left:
Bicep:	Right:	Left:

Body Composition:	
Body Fat %:	
Lean Mass	
Water:	
Goal Weight:	
Ideal Weight:	

DIET SUMMARY

Weaknesses:

_____

_____

_____

_____

Strengths:

_____

_____

_____

_____

Materials Provided to Patient and Recommendations:

_____

_____

_____

Education Segment:

_____

Exercise Recommendation:

_____

_____

_____

Additional Notes/ Tests/ Consults:

_____

_____

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