RMA of New York

Reproductive Medicine Associates of New York, LLP

Patient Profile: Nutrition

***Please provide your legal name (i.e. full name as listed on your social security card, passport, or driver's license).**

Patient Information

Last Name* _____ **First Name*** _____ M.I.

Nickname(if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/_____ **Age** ____

Gender: ☐ Female ☐ Male

Height: _____' _____'' **Current Weight :** _____

Weight Prior to Pregnancy (if applicable): _____

Home # (____)_ _____

Work # (____)_____

Cell # (____)_____

E-Mail _____

Diet Profile

Referred by: _____

What is the main reason you have come to a nutritionist?

- ☐ To lose weight before pregnancy
- ☐ To gain weight before pregnancy
- ☐ For general health and well being
- ☐ Education during pregnancy
- ☐ I have PCOS
- ☐ Other: _____

Have you tried any of the following diets? (Check all that apply)

- ☐ Atkin's
- ☐ Jenny Craig
- ☐ Nutrisystem
- ☐ South Beach
- ☐ The Zone
- ☐ Weight Watchers
- ☐ Other: _____

Please list the names of any nutritionists you have seen in the past and reason for visit(s): ☐ Not applicable

Name:	Reason:
_____	_____
_____	_____
_____	_____

Dietary restrictions

Mark those items you cannot or choose not to eat:

- ☐ Chicken
- ☐ Fish (all types)
- ☐ Pork
- ☐ Poultry (all types)
- ☐ Red meat
- ☐ Salmon
- ☐ Shellfish
- ☐ Smoked Salmon
- ☐ Tuna
- ☐ Cheese
- ☐ Cottage cheese
- ☐ Dairy (all types)
- ☐ Eggs
- ☐ Nuts
- ☐ Tofu
- ☐ _____
- ☐ _____
- ☐ _____

Dietary preferences

List foods/ cuisines you like to eat:

For office use:
EC: ☐Yes ☐No

Medical Profile

Please list the name of all physicians you see regularly, and list their specialty

Name:	Specialty:
_____	_____
_____	_____
_____	_____

Please list all prescription medications, vitamins, minerals and herbs you are currently taking and the reasons for taking them:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Family history (mark all that apply):

☐ Diabetes ☐ Hypertension
☐ Heart disease ☐ Other: _____

Months attempting pregnancy: _____months ☐ N/A

Lifestyle Profile

How many days per month do you travel? _____/mth How many dinners per week do you eat out? _____/wk

How many hours per week do you work? _____/ wk Who does the food shopping in your household? _____

Do you smoke? ☐ No ☐ Yes Detail amount: _____
Do you drink coffee? ☐ No ☐ Yes _____/ wk Do you add: ☐Milk/Creamer Type:_____ ☐Sweetener Type:_____
Do you drink tea? ☐ No ☐ Yes _____/wk Do you add: ☐Milk/Creamer Type:_____ ☐Sweetener Type:_____

Do you drink alcoholic beverages? ☐No ☐ Yes _____/ wk Type: _____
Does your partner drink alcoholic beverages? ☐No ☐ Yes _____/ wk Type: _____
Do you regularly drink water? ☐ No ☐ Yes _____glasses/day

Do you exercise regularly? ☐No ☐ Yes _____/ wk What **type** of exercise do you do? _____
Do you belong to a health club? ☐No ☐ Yes (if yes, please indicate which one below):

☐ Chelsea Piers ☐ Equinox

☐ Crunch ☐ New York Health & Racquet Club ☐ Other: _____

Have you ever been diagnosed with any of the following conditions? (Check all that apply)

☐ Diabetes

☐ Heart Disease

☐ Hypertension

☐ PCOS

Are you concerned about any other medical conditions (that you currently have or is in your family)?

Please detail, as specifically as possible, a typical weekday and weekend day diet.

*For example: 1 cup Special K with ½ cup of whole milk and 1 small apple instead of cereal and fruit

24-hour diet history

	Weekday	Weekend Day
Breakfast Time:	Food: Drink:	Food: Drink:
Snack Time:	Food: Drink:	Food: Drink:
Lunch Time:	Food: Drink:	Food: Drink:
Afternoon Snack Time:	Food: Drink:	Food: Drink:
Dinner Time:	Food: Drink:	Food: Drink: