Example of a nutrition counseling tool to be filled prior to clinic visits that may help facilitate personalized nutrition counseling discussion.

Height: in Weight:lbs BMI: Usual Body Weight (UBW):					
Change in weight: stable increased decreased  Goal weight: lbs					
Risk Factors: ☐ DM type 1 ☐ DM type 2 ☐ high chol ☐ low HDL ☐ high trig ☐ HTN ☐					
Labs	TC	LDL	HDL	TG	HbA1C
XX / XX /XX XX / XX /XX XX / XX /XX XX / XX /XX					
Supplements:					
Food Allergies:					
Exercise/Activity:  Currently Exercising on Regular basis:  No formal exercise at this time  Do you take stairs rather than elevators or escalators  Future Plans to include regular exercise					
ASSESSMENT: Could be either recall or 3 day food record filled prior to visit (mailed)  Diet Recall  Breakfast:  Snack:  Lunch:  Snack:  Dinner:  Snack:					
Beverages: soda, s					
Diet History  Do you eat because you're hungryor rather because it is "meal time" (and not hungry)  Skips meals  Excessive calorie intake, snacking  High calorie beverages  High intake of: refined carbohydrates, sodium, fat(saturated, trans fat)  Inadequate intake of: fruits, vegetables, whole grains, fiber, fluids, calcium rich foods					