lauramangum rd,ld
eat right. be fit. live well.

# PEDIATRIC NUTRITION HISTORY FORM

Patient Name:_____

Reason for your child's appointment:_____

Sex: (circle) Male Female Age: _____ years _____ months

Height _____ Weight _____

Ethnic Group: (circle) African-American Asian Caucasian
Hispanic Other: _____

Medications?_____

Vitamin, Mineral or herbal supplements?_____

Please circle the answers to the following questions:

**Family History: Do any family members have the following health conditions?**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Diabetes** | Patient | Parent | Grandparent | Aunt | Uncle | Other |
| **Heart Disease** | Patient | Parent | Grandparent | Aunt | Uncle | Other |
| **High Blood Pressure** | Patient | Parent | Grandparent | Aunt | Uncle | Other |
| **Obesity** | Patient | Parent | Grandparent | Aunt | Uncle | Other |
| **Stroke** | Patient | Parent | Grandparent | Aunt | Uncle | Other |

**Describe your child's quality of sleep:**

_____

How many hours?_____

Naps: Yes/No _____ Daily _____ Weekends only _____ Sporadically

**Meal Patterns – how many days per week does the patient:**

a. Eat breakfast?

0 – 1 days/wk 2-3 days/wk 4-5 days/wk 6-7 days/wk

b. Eat dinner with the family?

0 – 1 days/wk 2-3 days/wk 4-5 days/wk 6-7 days/wk

c. Eat "fast food" meals?

0 – 1 days/wk 2-3 days/wk 4-5 days/wk 6-7 days/wk

d. Eat meals or snacks in the car?

0 – 1 days/wk 2-3 days/wk 4-5 days/wk 6-7 days/wk

e. Eat meals or snacks in front of the tv?

0 – 1 days/wk 2-3 days/wk 4-5 days/wk 6-7 days/wk

NOTES:
*(Dietitian use only)*

Meal Patterns – How many days per week do you:

| | | | | | |
|---|---|---|---|---|---|
| a. | Eat breakfast? | 0-1 day/wk | 2-3 days/wk | 4-5 days/wk | 6-7 days/wk |
| b. | Eat fast food meals? | 0-1 day/wk | 2-3 days/wk | 4-5 days/wk | 6-7 days/wk |
| c. | Eat food prepared from outside the house? | 0-1 day/wk | 2-3 days/wk | 4-5 days/wk | 6-7 days/wk |
| d. | Eat meals or snacks in front of the tv? | 0-1 day/wk | 2-3 days/wk | 4-5 days/wk | 6-7 days/wk |
| e. | Eat meals or snacks in the car? | 0-1 day/wk | 2-3 days/wk | 4-5 days/wk | 6-7 days/wk |
| f. | Eat fried foods? | 0-1 day/wk | 2-3 days/wk | 4-5 days/wk | 6-7 days/wk |

How would you rank your readiness to make lifestyle changes?

1 2 3 4 5 6 7 8 9 10
(not ready) (very motivated)

How often do you eat the following food/beverages?
Please check as appropriate.

| | Daily | Several times/week | Occasional | Never |
|---|---|---|---|---|
| **Fruits:** | | | | |
| I eat fresh fruit… | ____ | ____ | ____ | ____ |
| I eat canned fruit… | ____ | ____ | ____ | ____ |
| I eat dried fruit… | ____ | ____ | ____ | ____ |
| I drink juice… | ____ | ____ | ____ | ____ |
| **Vegetables:** | | | | |
| I eat fresh veggies… | ____ | ____ | ____ | ____ |
| I eat frozen veggies… | ____ | ____ | ____ | ____ |
| I eat canned veggies… | ____ | ____ | ____ | ____ |
| **Grains:** | | | | |
| I eat whole grains… | ____ | ____ | ____ | ____ |
| I eat white flour products… | ____ | ____ | ____ | ____ |
| I eat beans/green peas… | ____ | ____ | ____ | ____ |
| I eat corn…____ | ____ | ____ | ____ | |
| I eat potatoes/sweet potato | ____ | ____ | ____ | ____ |
| **Yogurt** | | | | |
| I eat yogurt… | ____ | ____ | ____ | ____ |
| If so, which type? _____ | | | | |
| **Cheese:** | | | | |
| I eat regular white cheese… | ____ | ____ | ____ | ____ |
| I eat regular yellow cheese… | ____ | ____ | ____ | ____ |
| I eat low fat/fat free cheese… | ____ | ____ | ____ | ____ |
| **Soy:** | | | | |
| I eat soy products… | ____ | ____ | ____ | ____ |
| If so, which type? _____ | | | | |
| **Meat:** | | | | |
| I eat beef… | ____ | ____ | ____ | ____ |
| I eat pork… | ____ | ____ | ____ | ____ |
| I eat chicken… | ____ | ____ | ____ | ____ |
| I eat fish… | ____ | ____ | ____ | ____ |
| I eat eggs… | ____ | ____ | ____ | ____ |

NOTES:
*(Dietitian use only)*

| | Daily | Several times/week | Seldom | Never |
|---|---|---|---|---|
| Meat: | | | | |
| I eat beef… | ____ | ____ | ____ | ____ |
| I eat pork… | ____ | ____ | ____ | ____ |
| I eat chicken… | ____ | ____ | ____ | ____ |
| I eat fish… | ____ | ____ | ____ | ____ |
| I eat eggs… | ____ | ____ | ____ | ____ |
| Fats: | | | | |
| I eat butter/margarine… | ____ | ____ | ____ | ____ |
| I use oils… | ____ | ____ | ____ | ____ |
| I use salad dressing… | ____ | ____ | ____ | ____ |
| I eat nuts… | ____ | ____ | ____ | ____ |
| I eat peanut butter… | ____ | ____ | ____ | ____ |
| Sweets: | | | | |
| I eat sweets… | ____ | ____ | ____ | ____ |
| Artificial Sweeteners: | | | | |
| I use artificial sweeteners… | ____ | ____ | ____ | ____ |
| *If so, what type?* _____ | | | | |
| Beverages: | | | | |
| I drink milk… | ____ | ____ | ____ | ____ |
| What kind of milk? _____ | | | | |
| I drink regular sodas… | ____ | ____ | ____ | ____ |
| I drink diet sodas… | ____ | ____ | ____ | ____ |
| I drink other beverages… | ____ | ____ | ____ | ____ |
| *If so, what type?* _____ | | | | |
| I drink coffee… | ____ (# of cups: ) ____ | | ____ | ____ |
| *What do you add to your coffee?* _____ | | | | |
| I drink tea… | ____ | ____ | ____ | ____ |
| *What type of tea(s)?* _____ | | | | |
| I drink regular water… | ____ | ____ | ____ | ____ |
| *Do you consider your water intake good, fair, or poor?* _____ | | | | |

NOTES:
*(Dietitian use only)*