
Nutrition Counseling Pre-Packet

WHAT TO EXPECT

Welcome to nutrition counseling at Health Center at Auraria, our aim is to answer your nutrition questions and help you reach your nutrition goals. We will be collaborating with you to make plans and find strategies that work for you.

All appointments are free and several visits are encouraged - it usually takes more than a one-hour consultation to create new nutrition habits.

WHO YOU WILL SEE

You can expect to see both a registered dietitian nutritionist (RDN) who is also a nutrition professor and, if you give permission, a nutrition student assistant. The RDN will work with you. The nutrition assistant is there to learn and to assist you and the RDN by gathering any additional resources but, if we do not have on hand what you need, the intern will find and provide that resource via email within the 24 - 28 hours after your appointment.



Nutrition Counseling Intake Form

1. PATIENT INFORMATION

Patient Name (First name, middle initial and last name)		Today's Date
Social Security Number	Student/Staff/Faculty ID#	Date of Birth

2. WHY WOULD YOU LIKE TO WORK WITH THE REGISTERED DIETITIAN NUTRITIONIST (RDN)? (Check all that apply)

- CREATE AND FOLLOW PERSONALIZED HEALTHY MENUS/EATING PLANS
- TAKE A PARTICULAR DIETARY APPROACH (ATHLETIC PERFORMANCE, VEGETARIAN, GLUTEN FREE, LIMITED BUDGET, WEIGHT MANAGEMENT ETC.) MY APPROACH(S): _____
- MANAGE MY CONDITION THROUGH NUTRITION. MY CONDITION(S) IS/ARE: _____
- AVOID EMOTIONAL EATING/DRINKING
- BE A HEALTHY ROLE MODEL AND MENTOR
- ADDRESS SLOW METABOLISM OR EXCESSIVE HUNGER
- REDUCE EATING AND/OR BODY IMAGE NITPICKING AND PERFECTIONISM
- EAT BETTER TO FEEL BETTER
- ADDITIONAL: _____

3. ADDITIONAL QUESTIONS

What are the important menu planning considerations for you? (Culture; religion; food preferences; medication-food interactions; interest and time for food preparation; food budget and food access; equipment for food preparation and storage, etc.):

Allergies and intolerances (even if they're not to foods):

4. WHAT CHALLENGES YOU WOULD LIKE TO TACKLE? (Check all that apply.)

- SUGAR/SODA/COFFEE DRINKS/ENERGY DRINKS, ALCOHOL
- OVERUSE OF FOOD TO COPE, SOCIALIZE OR CELEBRATE
- FAST FOOD/CONVENIENCE FOOD/SNACK FOODS
- EXCESSIVE/INADEQUATE EXERCISE
- THINGS THAT KEEP YOU SITTING (Social Media, computer games, television, videos, work perfectionism, etc.)
- OTHER: _____
- TOBACCO/MARIJUANA
- FREQUENT DIETING
- BINGE EATING

5. WOULD YOU LIKE ANY OF THESE FOLLOW-UP RESOURCES? (Check all that interest you.)

- AN EMAILED ASSIGNMENT WHERE YOU REPORT YOUR WEEKLY PROGRESS AND WE REPLY WITH ENCOURAGEMENT.
- PLANS TO TALK WITH A PERSONAL FRIEND ABOUT HOW I AM DOING WITH MY NUTRITION PLANS
- MEET AGAIN IN A FEW WEEKS WITH THE RDN TO REVIEW PROGRESS AND MAKE CONTINUING PLANS
- OTHER: _____
- A FREE-TO-PRINT PDF BOOKLET ON HOW TO CREATE AND FOLLOW A PERSONALIZED HEALTHY EATING ROUTINE
- VOLUNTEER AS A HEALTHY EATING PROJECT REVIEWER AND HELP CREATE TIP SHEETS, MENUS AND RECIPES
- REFERRAL TO MENTAL HEALTH, EXERCISE OR OTHER HEALTH TEAM PROFESSIONALS

Food Diary Form

Many people find it helpful to keep a food record before their appointment with the registered dietitian. If you think this will be helpful for you, please use the paper form below or any mobile application you're already familiar with.

- Included are boxes for 3 meals and 3 snacks but that doesn't mean you have all of those.
- This table is for you and your personal observations. Do not keep a food record if you do not think it will be helpful.
- Record as many days as you need. Ideally, the dietitian would be able to review with you 1 - 4 typical days.

	Time of Day	What I ate and drank. (Provide enough detail to help you remember, but not so much it becomes burdensome.)	How I felt after eating. (physically or emotionally)	Thoughts I had. (about food and/or eating)
Breakfast:				
Snack:				
Lunch:				
Snack:				
Dinner:				
Snack:				

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