



Assessment Worksheet

Dietitian: _____ Date: _____

Client Name: _____ Phone: _____

Address: _____ DOB: _____

Email: _____ Age: _____

Height: _____ / _____ cm Weight: _____ # _____ kg

Body Fat %: _____ BMI: _____ MedGem: _____

Goal Weight: _____ Resting Metabolic Rate (RMR): _____ kcals

RMR x Activity: _____ total calories/day for weight maintenance

Mifflin-St. Jeor

___ Female: $(10 \times \text{wt. } ___ \text{ kg}) + (6.25 \times \text{ht } ___ \text{ cm}) - (5 \times ___ \text{ age}) - 161$

___ Male: $(10 \times \text{wt } ___ \text{ kg}) + (6.25 \times \text{ht } ___ \text{ cm}) - (4.92 \times ___ \text{ age}) + 5$

Activity Multiplier

Sedentary = BMR X 1.2 (little or no exercise, desk job)

Lightly active = BMR X 1.375 (light exercise/sports 1-3 days/wk)

Moderately active = BMR X 1.55 (moderate exercise/sports 3-5 days/wk)

Very active = BMR X 1.725 (hard exercise/sports 6-7 days/wk)

Extremely active = BMR X 1.9 (hard daily exercise/sports & physical job or 2X day training, i.e. marathon, contest etc.)

Wt. Loss Wt. Maintenance Wt. Gain

Pound loss/gain per wk: 1lb 1.5lb 2lb

Daily Calorie Deficit: 500 calories 750 calories 1000 calories

Total daily calorie needs to *lose* *maintain* *gain* weight: _____ calories/day

Previous Weight Loss Programs: _____

Successful? _____ Why/Why not? _____

What would you like to accomplish in this nutrition counseling?

Goals

1. _____
2. _____
3. _____

Prescription Medications _____

Multi-vitamins/Supplements _____

Medical History _____

Family History _____

Exercise History _____

Nutritional Habits

Please list foods eaten on a typical day: (If you do not eat a meal regularly, leave blank)

Breakfast: Time	Lunch: Time	Dinner: Time	Snacks: Time

What food groups to you feel you do not get enough of?

What food dislikes/allergies/intolerances do you have?

Number of meals eaten away from home? Where? Which meals? _____

Obstacles/Challenges? _____

Commitment level to reaching goal? Scale from 1-10? Why? _____

Do you have support to reach your goals? Y N Who? _____