

COASTAL PRIMARY CARE

James Joachim, M.D.

Primary Care - Internal Medicine - Medical Nutrition

Nutrition, Fitness & Behavioral Evaluation

NUTRITION EVALUATION

Patient Name:						Date:		
Highest Adult Weight:				Lowest Adult Weight:				
Weight at Age:	15:	20:	25:	30:	35:	40:	50:	60:
Weight One Year Ago:			Goal Weight:			Present Age:		
Current Occupation:								
Is your Job:	Sedentary	Somewhat Active		Moderately Active		Very Active		
List Three Diets You Have Followed:				Rank Your Results on a Scale of 1 to 5				
Type:				Least Successful		Most Successful		
				1	2	3	4	5
				1	2	3	4	5
				1	2	3	4	5
Food Allergies:				Other Allergies:				
Food Dislikes:								
Who Plans Meals?	Yourself	Spouse	Mother	Father	Sibling	Other		
Who Cooks?	Yourself	Spouse	Mother	Father	Sibling	Other		
Do You Eat Out:	Not at All	Less Than Once/Wk	1-3 Times/Wk	4-6 Times/Wk	Over 6 Times/Wk			
Do you Drink Alcohol:	Not at All	Less Than Once/Wk	1-3 Times/Wk	4-6 Times/Wk	Over 6 Times/Wk			
What Kind Of Alcohol?	Beer		Wine		Spirits			
Foods You Crave:	Sweets	Proteins	Breads	Fruits	Vegetables	Alcohol	Salty Foods	
When are These Cravings?	Mornings		Afternoons		Evenings		Late Night	
What are Your Worst Eating Habits?	Snacking Between Meals		Binge Eating		Poor Food Choices			
	Eating to Relieve Stress		Eating Out of Boredom		Over Eating			
	Eating Out of Habit							
	Other: _____							
How Often do You Eat: (per week)	Fruits _____		Beans _____					
	Vegetables _____		Fish _____					
	Breads _____		Olive Oil _____					
	Meats _____		Soy Products _____					
	Dairy _____		Whole Grains _____					
Do You Wake Up Hungry at Night?	Yes	No	If so, Do You Eat When You Do?		Yes	No		
Do You Read Food Labels?	Yes			NO				
Do You Drink At Least Eight 8oz Glasses of Water Each Day?	Yes			No				

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BEHAVIORAL SCREENING

Patient Name:		Date:			
<i>How Often Have You Been Absent From Work (days):</i>					
In the last month:	Zero	1 to 2	3 to 5	Over 5	
In the last 6 months:	Zero	1 to 3	4 to 5	7 to 12	Over 12
In the last year:	Zero	1 to 6	7 to 12	13 to 24	Over 24
<i>You Mostly Miss Work Because: (choose only one)</i>					
Vacation		Medical Reasons	Family Reasons	Personal Reasons	
Other: _____					
<i>How Many Work Related Accidents Have You Had:</i>					
In the last month:	Zero	1 to 2	3 to 5	Over 5	
In the last 6 months:	Zero	1 to 3	4 to 5	7 to 12	Over 12
In the last year:	Zero	1 to 6	7 to 12	13 to 24	Over 24
<i>How Many Non-work Related Accidents Have You Had:</i>					
In the last month:	Zero	1 to 2	3 to 5	Over 5	
In the last 6 months:	Zero	1 to 3	4 to 5	7 to 12	Over 12
In the last year:	Zero	1 to 6	7 to 12	13 to 24	Over 24
<i>How Many Times Have You Filed a Workers Compensation Claim:</i>					
In the last month:	Zero	1 to 2	3 to 5	Over 5	
In the last 6 months:	Zero	1 to 3	4 to 5	7 to 12	Over 12
In the last year:	Zero	1 to 6	7 to 12	13 to 24	Over 24
<i>Do you understand that this program is multi-disciplinary and comprehensive -- Offering nutritional, weight, behavioral and physical fitness guidelines for life long health promotion?</i>					
Yes			No		
<i>Your Success Involves Commitment in the following areas:</i>					
Attendance		Assertiveness	Active Participation		
Record Keeping	Compliance (problems will necessitate individual consultation and action)				

