



PATIENT DATA FORM FOR NUTRITIONAL CONSULTATIONS

Consultation Date:

Name:

Gender:

Address:

Phone No:

Email:

Date of Birth:

Age:

Height:

Weight:

Referred by:

CURRENT SITUATION

List your current problems and how long you have had them. Start with the oldest problem and go to the latest one.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

CURRENT MEDICATIONS

List all the medications and supplements being taken in detail. Please list every individual dose as a separate medication. Please list every supplement and topical ointments or applications and even oral contraceptives in details.

Medication taken	For what	Dosage (mg, ml, etc.)	At what time	Since approximately how long	Any problems with this medication?

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The Gratitude Kitchen

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Charkop, Kandivali West, Mumbai 400067



Are you under any other kind of therapy or treatment besides medicines?

PAST HISTORY

Any major past health problems or surgeries?

Any major allergies or food aggravations?

Any emergency treatments that you have needed in the past? Please specify.

Any hospitalization needed in the past? For what condition?

Do you do any exercise regularly?

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Do you have any major stress?

Do you have any major habits or addictions? (tea, coffee, smoking, alcohol, drugs, anything else?)

FAMILY HISTORY

Is there a family history of any of these conditions? If yes, please describe:

DAILY MEAL PLAN

Please list all the foods you normally take, listing all options so as to give a fair idea of your daily diet. Do not miss out the teas and coffees. Try to list everything. Details will enable your therapist to give you a diet plan as close to what you are used to and like as possible

Please send scans of your last laboratory tests with all the data. Tests that need to be done- CBC, ESR, lipid profile, thyroid function, Blood sugars (fasting, pp,hba1c), Via D and B12

Nutritionist shall not be held responsible for any consequences of receiving wrong information.

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