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Nutritional History

Name _____ D.O.B. _____ Date: _____

What Other Diet/Weight Loss Plans have you tried in the past?

Please give at 2-3 examples of foods that you eat for each meal or snack in a typical day. Don't forget to include all drinks and condiments.

Breakfast:

Food or Drink	<u>Size</u>	<u>Est. Calories</u>	<u>Carbs</u>

A.M. SNACK:

Food or Drink	<u>Size</u>	<u>Est. Calories</u>	<u>Carbs</u>

LUNCH:

Food or Drink	<u>Size</u>	<u>Est. Calories</u>	<u>Carbs</u>

Name _____ D.O.B. _____ Date: _____

P. M. SNACK:

Food or Drink	<u>Size</u>	<u>Est. Calories</u>	<u>Carbs</u>

DINNER:

Food or Drink	<u>Size</u>	<u>Est. Calories</u>	<u>Carbs</u>

SNACK:

Food or Drink	<u>Size</u>	<u>Est. Calories</u>	<u>Carbs</u>

Do you skip meals? YES or NO If yes, How Often? _____

How many times a week do you eat out? _____

Do you eat in the middle of the night? _____

What time of the day or in what situations do you struggle the most with sticking to your diet plan? (evenings? At the movies? Out with friends?)

Are there certain foods that you cannot eat or are intolerant of? (dairy?, gluten?, nuts?)
