

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 strategies that work for you.

All appointments are free and several visits are encouraged as 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) and, if you give permission, a nutrition student assistant. The RDN will work with you to create a nutrition plan that fits your lifestyle. The nutrition assistant is there to learn and to assist you and the RDN by gathering any additional resources. The intern can also provide resources and information via email within 48 hours after your appointment.

PREPARING FOR THE APPOINTMENT

Completing the Nutrition Intake form and the Food Diary for 2-4 days will be helpful for you and the RDN to evaluate your eating patterns. (The RDN will review 2-4 days of the food diary that you keep.)

You can record:

- What you ate and drank, providing enough detail to help you remember, but not so much that is burdensome
- Thoughts you had about food or eating
- How you felt physically and emotionally before or after

You may record this throughout the day or at one time, at the end of each day. If it is helpful to you, you can record more than 2-4 days.

Completing the Nutrition Intake Form and the Food Diary will help to inform the conversation in the nutrition appointment.



Nutritional Counseling Intake Form

1. PATIENT INFORMATION

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

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
- ADDRESS SLOW METABOLISM OR EXCESSIVE HUNGER
- REFERRAL FROM PROVIDER (REFERRAL FOR): _____
- 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
- OTHER: _____
- 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

Today's Date

Time of Day	What I Ate and Drank <small>(Provide enough detail to help you remember, but not so much it becomes burdensome)</small>	How I Felt After Eating <small>(Physically or emotionally)</small>	Thoughts I Had <small>(about food and/or eating)</small>

Food Diary

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