Nutritional Assessment

Patient Name: _____ Date: _____

The (4) Essentials of Health Are As Follows:
***Please number the following (1-4) in the space provided according to their relative level of importance in your life.**

1. **Proper Nutrition ____** **3. Proper Air/Breathing ____**
2. **Proper Water Intake ____** **4. Proper Nerve Communication ____**

In order to better serve your complete needs, we offer general nutritional consultation and recommendation. Improper nutrition, along with spinal subluxation is one of the largest causes of disease that Americans face today.

Our goal is to provide information that you as the patient may take away and immediately implement with little effort! We ask that you answer every question to the best of your ability and that you also COMPLETELY document your week of food intake. Please do not leave anything out and if you are unsure of a question please simply leave it blank.

This form MUST be returned to us at the time of your consultation in order to properly review areas of concern and recommendation.

Please Answer The following Questions To The Best of Your Ability:

1. (A) What are carbohydrates (Give Example): _____
   (B) What are "simple" vs. "complex carbohydrates (Give Examples)
   Simple: _____Complex:_____
2. What are Proteins (Give Example): _____
3. What are Fats (Give Example): _____
4. How much water "should" a person drink in a day: _____
5. How much water DO YOU drink each day: _____
6. How many meals a day do you eat: _____
7. Do you snack, if yes, how often and what: _____
8. How do you feel before you eat: _____
9. How do you feel after you eat: Tired____, Energized ___, Satisfied ___, Overfull ____
10. Do you wake at night with the sweats: _____
11. What type of foods cause fat gain the quickest: _____
12. Do you know what kind of foods you should eat in the:
    Morning: _____
    Afternoon: _____
    Evenings: _____
    Bed Time: _____
13. Do you exercise, if so how often: _____
    What kind: _____
14. Do you ever focus on your breathing: _____
15. Do you know proper breathing technique: (no joke) _____

Nutritional Assessment – Documentation

Please concisely document all foods that you eat during this week, if for any reason this week is NOT typical for you; please simply list the foods you would TYPICALLY eat. Please list the time next to each item listed for accuracy. Please list all foods as well as liquids and supplements taken.

Monday: **Morning:** _____

Afternoon: _____

Evening: _____

Tuesday: **Morning:** _____

Afternoon: _____

Evening: _____

Wednesday: **Morning:** _____

Afternoon: _____

Evening: _____

Thursday: **Morning:** _____

Afternoon: _____

Evening: _____

Friday: **Morning:** _____

Afternoon: _____

Evening: _____

Saturday: **Morning:** _____

Afternoon: _____

Evening: _____

Sunday: **Morning:** _____

Afternoon: _____

Evening: _____