

Client Intake Form	<p align="center"><b>Serenity Wood</b></p> <p align="center"><b>Sustainability ~ Education ~ Culinary Arts</b></p> <p align="center"><i>“the way we eat represents our most profound engagement with the natural world. Daily, our eating turns nature into culture, transforming the body of the world into our bodies and minds” ~M.Pollan</i></p> <p align="center"><a href="mailto:w.serenity@gmail.com">w.serenity@gmail.com</a> 858-248-5040</p>

<u>General Information</u>
Client Name:
Date:
Best Contact number:
Email:

<u>Medical Diagnoses: Please list all medical conditions</u>

<u>Nutrition History</u>
Do you currently follow a special diet or nutritional program?
Do you avoid particular foods? If yes, type and reason:
Do you have any adverse food reactions (intolerances and/or allergies)? If yes, explain:

## Nutrition History

Mark all of the factors that apply to your eating habits and current lifestyle:

- Love to eat
- Love to cook
- Emotional eater
- Late night eater
- Struggle with eating issues
- Family members have different tastes
- Dislike cooking
- Fast eater
- Erratic eating patterns
- Eat too much
- Rely on convenience foods
- Eat fast food frequently
- Make poor snack choices
- Confused about food/nutrition
- Don't know how to cook
- Live alone or eat alone often
- Do not plan meals or menus
- Time constraints
- Travel frequently
- Eat only because I have to
- Negative relationship with food
- Dislike healthy food

Describe your relationship with food:

Do you use any natural or artificial sweeteners: If yes, which ones?

What is your favorite meal?

Food cravings? Food dislikes?

Recall a favorite childhood memory around food and describe:

## Food Diary: Please record what you eat and drink in a typical day

<u>Time</u>	<u>Food/Beverage Items</u>	<u>Amount (cups/oz/tsp)</u>	<u>Location (home/away)</u>

**Food Diary: Please record what you eat and drink in a typical day**

**Food Type & Frequency Questionnaire: Note the type and how often you eat the following**

(For example: Do you consume these foods Never/Rarely/Frequently or Daily)

Cheese

Yogurt/Kefir

Cow/Goat/Sheep milk

Milk Sub  
(soy/almond/rice/  
coconut/hemp)

Eggs

Red Meat

Pork

Processed Meat  
(sausage/bacon/deli slices)

Chicken

Fish

Beans/Legumes

Soy  
(tofu, tempeh,  
miso, soy sauce)

Grains  
(rice, wheat, barley, millet,  
quinoa, amaranth, buckwheat,  
oats, rye, spelt, teff, sorghum etc)

Cruciferous Vegetables  
(cabbage, broccoli, cauliflower,  
brussel sprouts etc)

Green leafy Vegetables  
(kale, collards, chard,  
arugula, dandelion etc)

Other green fruits/Vegetables  
(pears, kiwi, peas, avocados, cucumbers etc)

Yellow/Orange fruits & Vegetables  
(corn, citrus, mango, banana, carrots, pumpkin etc)

**Food Type & Frequency Questionnaire: Note the type and how often you eat the following**

Red fruits & Vegetables  
(cherries, tomatoes, pomegranates,  
red bell peppers, red cabbage, apples etc)

Blue/Purple fruits & Vegetables  
(berries, plums, purple potatoes, eggplant etc)

White fruits & Vegetables  
(onions, parsnips, mushrooms, turnips,  
potatoes, garlic etc)

What types of spices/seasonings  
do you commonly use?

Oils  
Ghee, Butter, Avocado, Olive  
Coconut, Red Palm, Flax, Hemp etc

Nuts  
Walnut, Macadamia,  
Almond, Cashew, Brazil,  
Hazelnut, Pinenuts etc

Seeds  
Flax, Sesame, Pumpkin,  
Hemp, Chia, Sunflower etc

Drinks  
Tea, Coffee, Juice, Soda,  
Wine etc

Additional items  
not listed above

**List your food goals and culinary interests: For example, ferments, sauces, dessert alternatives, dehydration, increase vegetable consumption, dairy or gluten free options etc.**

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