



901 Buccaneer Dr. N
Glenview, IL 60026
Ph (847) 724-8015
Fax (847)728-8221

Name:
DOB:

General Details

Please answer the following questions:

Person who completed this form:

How did you hear of us?

Previous nutrition consultations: No Details:

Primary person attending appointments with child:

Child's Details

Please enter the child's demographic details below:

School:

Year/grade level:

Parent's Information

Please enter the contact details for the child's parents/legal guardians:

Mother or Legal Guardian

Name:

Address:

State:

Cell phone number:

Home phone number:

Other phone number:

Email:

Preferred contact method:

Occupation:

City:

Zip code:

Father or Legal Guardian

Name:

Address:

State:

Cell phone number:

Home phone number:

Other phone number:

Email:

Preferred contact method:

Occupation:

City:

Zipcode:



901 Buccaneer Dr. N
Glenview, IL 60026
Ph (847) 724-8015
Fax (847)728-8221

Family Details

Please provide details about family and living arrangements.

Living arrangements:

Siblings:

Important Healthcare Providers

Please enter the child's primary care physician or pediatrician and other important healthcare providers:

Primary physician name:

Phone number:

Address:

Date of last physical:

Date of last blood test:

Other important healthcare providers:

Family History

Please provide details about the child's family medical history. Please check all conditions that occur in the child's family.

Other:

Medical History

Please list any medical conditions the child has been diagnosed with or currently has. List all allergies, food intolerances and sensitivities and any previous surgeries or hospitalizations.

Medical/Social/Nutritional History:

Food allergies:

Other allergies:

Food intolerances and sensitivities:

Past surgeries / hospitalizations:

Gastrointestinal Symptoms

Please select, if the child regularly experiences any of the following:

Other:

Bowel movements: Diarrhea - Constipation -

Medication & Supplements

Please list all prescription and over-the-counter medications, vitamin, mineral and nutritional supplements and herbs/botanicals that the child is currently taking.



Eating out frequency: Details:

Dietary restrictions / limitations:

Grocery shopping:

Meal preparation and cooking:

Food and Nutrition Recall

In order to analyze your child's nutrition intake, we need the following information. Please record everything your child eats or drinks over a three-day time period, the time of the meal or snack, and the portion size. Please include one weekend day.

If your child eats by tube, please list what they are fed, the volume and the frequency.

The more specific the information regarding brand names of food items or restaurant meals, the more accurate the analysis will be.

Date:

Meal	Place Prepared	Food & Beverages

Date:

Meal	Place Prepared	Food & Beverages



901 Buccaneer Dr. N
Glenview, IL 60026
Ph (847) 724-8015
Fax (847)728-8221

--	--	--

Date:

Meal	Place Prepared	Food & Beverages

Other Information

Is there any other information that you think we should know about?

Other information: