



Nutritional Intake Form

Dr Julia Wray

Patient Name: _____ Date: _____

Sex: _____ Age: _____ Height: _____ Weight: _____ Ideal Weight: _____

Please list everything you're currently taking:

	Name / Brand	Dosage	Comments
Supplements			
Medications			
Herbs and/or Homeopathic Remedies			

How many glasses of water do you consume each day? _____

On average, how many times per week do you eat breakfast? _____

How often do you choose organic food?

___ Always

___ Sometimes

___ Rarely

___ Never

Have you had food allergy testing? _____ If so, what type? _____

Are there any foods that you avoid because you have a reaction to them?

When you eat meat, fish or poultry...

___ 1. It's usually fried, cooked with oil or another fat, or with gravy.

___ 2. It's usually broiled, baked or stewed, and without gravy or fat.

___ 3. Both occur equally as often.

___ 4. You do not eat meat, fish or poultry.

When you eat cooked vegetables...

___ 1. It's almost always with butter, margarine or sauce, or cooked with butter, margarine, oil or another fat

___ 2. It's almost always without any of the fats listed above.

___ 3. Both occur equally as often.

___ 4. You don't eat cooked vegetables.

Do you have trouble swallowing pills/vitamins? _____

