Name:				_ Date of E	Birth:		– DuPa	ge N	Лес	lical	Gro	up	
Email Address:							- T					1	
Preferred method of	contact	t: En	nail Pho	one:			WE CA	RE FO	R YO	U			
Patient/Parent signat	ure.				Date:		PEDIAT	RIC N	utriti	on Ass	essm	ent fo	rm
r adonor arone orginal							_						
				G	onora	llnfo	rmation						
				G	enera	111110	rmation						
Ethnicity:													
Caucasian		Africar	n American	His	panic	Na	tive American	As	sian		Middle	Eastern	
Language preference	e: E	English	Other_										
Education:	W	hat sch	nool do you a	ittend?				Gra	de?				
Employment : Do y	ou hav	e a job	? YES	NO									
If yes, what do y	ou do?					What	are your typical w	ork houi	s?				
Learning Style: Are the	nere an	y thing	gs we should	know abou	t that wo	uld inter	fere with your abili	ty to lea	n?				
None Hear	ring	Visua	al Readir	ng Lang	luage	Psycho	ological Other	-					
How do you lear	n best?	?	Reading	Doing	0			Classes		Films	Comp		
Cultural / Religious B			J	J							•		
Do you have a			religious pra	ctices or bel	iefs that	influence	e vour diet?						
_	-		e describe				-						
Mothers name:							ner's name:						
							her Father S						
Divoloca pare) I I I	/110 do		эрспа тост	unio wia		inoi i atinoi e	pcony					
				_		- 1 1 1 .							
					/ledic		story						
Family medical is	sues	-		Dad	Mom Mom	al His	Family medi		ues:		Dad	Mom	Other
Cancer	sues	-					Family medi	sure	ues:		Dad	Mom	Other
Cancer Depression Diabetes		•					Family medi	sure	ues:		Dad	Mom	Other
Cancer Depression Diabetes Gastrointestinal proble		:					Family medi	sure	ues:		Dad	Mom	Other
Cancer Depression Diabetes		:					Family medi	sure	ues:		Dad	Mom	Other
Cancer Depression Diabetes Gastrointestinal proble	ms		is visit:				Family medi	sure	ues:		Dad	Mom	Other
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke	ms Reason	for th		Dad	Mom	Other	Family medi	sure		List:			
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R	ms Reason	for th	n/year)	Dad	Mom	Other	Family medical High blood press High cholesterol	Yes		List:			
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / F Dental – date of last of Hospitalizations: How	ms Reason exam: w many	for the (month)	n/year) have you be	Dad Page Page Page Page Page Page Page Page	Mom	Other	Family medical High blood press High cholesterol	Yes		List:			
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / F Dental – date of last of Hospitalizations: How	ms Reason exam: w many	for th (montly) times	n/year) have you be	Dad Pad Pad Pad Pad Pad Pad Pad Pad Pad P	Mom	Other	Family medical High blood press High cholesterol High cho	Yes		List:			
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of Hospitalizations: How	ms Reason exam: w many ow ma	for the (month) times	n/year) have you be es have you	Dad een hospital been to the	Mom	Other	Family medical High blood press High cholesterol High cho	Yes		List:			
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of Hospitalizations: How Reason(s) Emergency Room: H Reason(s)	ms Reason exam: w many ow ma	for the (month) times	have you be	Peen hospital	Mom ized?	Other	Family medical High blood press High cholesterol High cho	Yes	No				
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of Hospitalizations: How Reason(s) Emergency Room: H Reason(s) Prescription Medications:	ms Reason exam: w many ow ma	n for the (month) times	have you bees have you	een hospital been to the ation as in	Mom ized?	Other	Family medical High blood press High cholesterol High cho	Yes tion co	No	ners			
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of the second of the sec	ms Reason exam: w many ow ma	n for the (month) times ny time	have you bees have you ne informa	een hospital been to the ation as in What is	ized?	Other	Family medical High blood press High cholesterol with the second start Date Family medical High cholesterol	Yes tion co	No Ontail	ners Taken	W W	/hen Tal	ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of Hospitalizations: How Reason(s) Emergency Room: H Reason(s) Prescription Medications:	ms Reason exam: w many ow ma	n for the (month) times	have you bees have you ne informa	een hospital been to the ation as in	ized?	Other	Family medical High blood press High cholesterol High cho	Yes tion co	No	ners Taken	W W		ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of the second of the sec	ms Reason exam: w many ow ma	n for the (month) times ny time	have you bees have you ne informa	een hospital been to the ation as in What is	ized?	Other	Family medical High blood press High cholesterol with the second start Date Family medical High cholesterol	Yes tion co	No Ontail	ners Taken	W W	/hen Tal	ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last	ms Reason exam: w many ow ma	n for the (month) times ny time	have you bees have you ne informa	een hospital been to the ation as in What is	ized?	Other	Family medical High blood press High cholesterol with the second start Date Family medical High cholesterol	Yes tion co	No Ontail	ners Taken	W W	/hen Tal	ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of the second of the sec	ms Reason exam: w many ow ma	n for the (month) times ny time	have you bees have you ne informa	een hospital been to the ation as in What is	ized?	Other	Family medical High blood press High cholesterol with the second start Date Family medical High cholesterol	Yes tion co	No Ontail	ners Taken	W W	/hen Tal	ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last	ms Reason exam: w many ow ma	n for the (month) times ny time	have you bees have you ne informa	Dad een hospital been to the ation as i What is Asth	ized?	Other	Family medical High blood press High cholesterol with the second start Date Family medical High cholesterol	Yes tion co	No Ontail	ners Taken	W	/hen Tal	ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of Hospitalizations: How Reason(s) Emergency Room: H Reason(s) Prescription Medications: Name (example)Singulair Nonprescription Medications: Allergy meds	ms Reason exam: w many ow ma	n for th (month) / times ny times ord tl	have you be es have you ne informate	Dad een hospital been to the ation as i What is Asth	ized?	Medica	Family medical High blood press High cholesterol with the cholesterol striction Allergies: The your medical start Date 3/5/03	Yes tion co	No Ontain nount 1 tab	ners Taken let	W	/hen Tal	ken
Cancer Depression Diabetes Gastrointestinal proble Heart Attack / Stroke Medical Diagnosis / R Dental – date of last of Hospitalizations: How Reason(s) Emergency Room: H Reason(s) Prescription Medications: Name (example)Singulair Nonprescription Medications:	ms Reason exam: w many ow ma	n for th (month) / times ny times ord tl	have you be es have you ne informate	Dad een hospital been to the ation as i What is Asth	ized?	Medica tten or	Family medical High blood press High cholesterol High cho	Yes tion co	No Ontain nount 1 tab	ners Taken let	W	/hen Tal	ken

			Lifes	tyle Asse	essment	t				
Activity										
Do you have PE/Gy	m at school	? YE	s NO	If ves. at v	vhat time?					
Do you get activity				YES NO						
How much activity		_			-60 min	60+ min				
-		-				00+ IIIII				
What type of activity								_		
Are there any medic							-			_
How much time is s	pent each da	ay sitting in f	ront of a tel	evision or com	outer? No	one <	1 hr 1-2	2 hr 2+	hrs	
Miscellaneous										
Within the last year	, how many o	days of scho	ol / work ha	ve you missed	?					
How would you rate	your stress	level?	Low	Moderate	High	า				
During the past mor	nth, have you	u often been	bothered b	y feeling down	depressed,	or hopeles	s? YES	S NO		
During the past mor	nth, have you	u often been	bothered b	y little interest	or pleasure i	n doing thin	gs? YES	S NO		
What time do you w	/ake up?		What tir	ne do vou ao t	o sleep?	-	Nap t	ime(s)?		
_	ES NO			, ,			-			
			Nutri	tion Asse	essmen	t				
Height: ft In the past month have y		.s Lost Weight		Veight: d Weight	# lbs lost/ga		esired Wei	No Change		
If you lost weight was it:	Intention	al IInin	tentional							
If you lost weight was it			tentional	nd intelessance	-)					
If you lost weight was it: Do you have any diet re				nd intolerance	s)					
Do you have any diet re	strictions?	(include food	d allergies a							
Do you have any diet res	strictions? neals for a ty	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	and go to the			
Do you have any diet res	strictions? neals for a ty eakfast:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	and go to the			
Do you have any diet res	strictions? neals for a ty eakfast:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	and go to the			
Do you have any diet res	strictions? neals for a ty eakfast:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	and go to the			
Give a sample of your m Time: Sn Time: Lu	strictions? neals for a ty eakfast: nack:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	ind go to the			
Give a sample of your m Time: Sn Time: Lu Time: Sn	neals for a ty eakfast: nack: nack:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	ind go to the			
Give a sample of your m Time: Br Time: Lu Time: Sn Time: Sn	neals for a ty eakfast: ack: nch: ack: nner:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	ind go to the			
Give a sample of your m Time: Sn Time: Lu Time: Sn	neals for a ty eakfast: nack: nack: nack: nack: nack:	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	ind go to the			
Give a sample of your magnetic fine: Time:	neals for a ty eakfast: nack: nack: nner: nack: t you eat?	(include food	d allergies a	ht in a food log	, give it to th	e dietitian a	ind go to the			Daily
Give a sample of your magnetic file. Give a sample of your magnetic file. Time: Sn Time: Sn Time: Sn Time: Sn Time: Sn Time: Sn	neals for a ty eakfast: nack: nack: nack: nack: tyou eat? eat out (do	(include food	f you broug NO any meals b	ht in a food log	, give it to th	e dietitian a	nd go to th€	e next ques	ition)	
Give a sample of your many diet research from the sample of your many times do your many	neals for a ty eakfast: nack: nack: nack: ack: t you eat? eat out (do : Fast foo	YES not include out	f you broug NO any meals b	ht in a food log	, give it to th	e dietitian a	nd go to th€	e next ques	ition)	
Give a sample of your many diet research from the sample of your many times and the sample of your many times and the sample of your many times do	neals for a ty eakfast: nack: nack: nack: ack: t you eat? eat out (do : Fast foo	YES not include out	f you broug NO any meals b	ht in a food log brought from ho	, give it to th	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your many diet research and sample of restaurants. Type of restaurants and your many diet restaurants. Type of foods order pounds your many diet restaurants. Type of foods order pounds your skip meals?	neals for a ty eakfast: nack: nack: nner: ack: t you eat? eat out (do : Fast foo red when eat No	YES not include ing out: Sometimes	f you broug NO any meals b	ht in a food log brought from ho	, give it to th	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your many diet research from the sample of your many time: Solution Solutio	neals for a ty eakfast: nack: nack: nner: ack: t you eat? eat out (do : Fast foo red when eat No	YES not include a d / Take out ing out: Sometimes foods?	NO any meals b Buffe	ht in a food log brought from ho	, give it to th	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your markers and sample of restaurants and sample of foods order to you skip meals? How often do you eat the Fruit Fruit Juice	neals for a ty eakfast: nack: nack: nack: nack: nack: ack: nack: nack: nack: daily/ofter daily/ofter	YES not include a d / Take out ing out: Sometimes foods? n occ n occ	NO any meals be assionally assionally	orought from hoet Cafeto	ome to schooleria / Formal	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your marker in the sample of you in the sample of you skip meals? How often do you eat the sample of you skip meals? How often do you eat the sample of you skip meals? How often do you eat the yegetables	neals for a ty eakfast: nack: nack: nack: nack: nack: ack: nack: nack: ack: daily/ofter daily/ofter daily/ofter	YES not include a d / Take out ing out: Sometimes foods? n occen	NO any meals be assionally assionally assionally	orought from horet Cafeto	ome to schooleria / Formal ow often? never never never	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your margine:	eals for a ty eakfast: eack: eack: eack: eack: eack: eack: eat out (do : Fast foo ed when eat No e following daily/ofte daily/ofte daily/ofte daily/ofte	YES not include a d / Take out ing out: Sometimes foods? n occen	NO any meals be assionally assionally assionally assionally assionally	orought from hoet Cafeto If yes, how rarely rarely rarely rarely rarely	ome to schooleria / Formal ow often? never never never never	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your magnetic fine: Time:	neals for a ty eakfast: nack: nack: nack: nack: nack: ack: nack: nack: ack: daily/ofter daily/ofter daily/ofter	YES not include a d / Take out ing out: Sometimes foods? n occen n occ	NO any meals be assionally assionally assionally	orought from horet Cafeto	ome to schooleria / Formal ow often? never never never	e dietitian a	ond go to the	e next ques	ition)	
Give a sample of your magnetic fine: Time:	neals for a ty eakfast: eakfast: eack: eack: eack: eack: eack: eat out (do : Fast foo ed when eat No e following daily/ofte	YES not include a d / Take out ing out: Sometimes foods? n occen	NO any meals be assionally assion	orought from hoet Cafeto If yes, how rarely	never	e dietitian a ol/work)? I restaurant times	0-1 s per week	e next ques	ition)	Daily
Give a sample of your management of your of you skip meals? How often do you eat the Fruit Fruit Juice Vegetables Red Meat Fish Fried foods Milk Soda	eals for a ty eakfast: eakfast: eack: eack: eack: eack: eack: t you eat? eat out (do : Fast foo ed when eat No e following daily/ofte	YES not include a d / Take out ing out: Sometimes foods? n occ	NO any meals be assionally	orought from hoet Cafeto If yes, how rarely	never	e dietitian a bl/work)? I restaurant times Kind? Kind?	0-1	e next ques	5-8	Daily
Give a sample of your magnetic file. Give a sample of your magnetic file. Time:	eals for a ty eakfast: eakfast: eack: eack: eack: eack: eack: eat out (do : Fast foo ed when eat No e following daily/ofte	YES not include a d / Take out ing out: Sometimes foods? n occan	NO any meals be assionally assion	orought from hoet Cafeto If yes, how rarely	never	e dietitian a ol/work)? I restaurant times Kind? Kind? Kind?	0-1 Skim Regular	2-4	5-8 2%	Daily
Give a sample of your magnetic field in the sample field i	eals for a ty eakfast: eakfast: eack: eack: eack: eack: eack: t you eat? eat out (do : Fast foo ed when eat No e following daily/ofte	YES not include a d / Take out ing out: Sometimes foods? n occan o	NO any meals be assionally assion	orought from hoet Cafeto If yes, how rarely	never	e dietitian a ol/work)? I restaurant times Kind? Kind? 9+	0-1 s per week	2-4 1% Diet	5-8 2% cle one)	

Assessment reviewed by: ______ BD Date: _____