stacey whittle
integrative dietitian - nutritionist
(310) 251-3886

Patient Information

Date:_____

Complete & Email to: stacey@santamonicanutritionandfitness.com

Name: _____ DOB: _____

Address
Street: _____
City: _____ State: _____ ZIP: _____

Telephone: Home: _____ Work: _____ Ext: _____

Cell: _____ Fax: _____

Email: _____ Occupation: _____

Primary Health Concern: _____

Other Health Concerns: _____

Referral Source: _____ Primary Care Physician: _____

Other Healthcare Professionals involved in your care:

What types of therapies have you tried to improve your overall health?

☐ diet modification ☐ acupuncture ☐ chiropractic ☐ herbs
☐ vitamins/minerals ☐ homeopathy ☐ conventional drugs ☐ fasting or detox

☐ Other _____

Previous nutrition counseling? _____ with whom? _____

Following a special diet? _____

Allergies or Intolerances to foods/beverages and reactions:

Current exercise routine: _____

Activity limitations? (pain, injuries, etc.) _____

Stress level (1-10 scale): _____ Cause(s): _____

How do you relax/de-stress?: _____

Average # hours sleep/night: _____ Any trouble sleeping?: _____ Low libido? _____

Smoker? (#/day): _____ Alcohol Intake/wk: _____ Caffeine/day: _____

Do you experience any of these general symptoms?

☐ Headaches	☐ Insomnia	☐ Debilitating fatigue	☐ Forgetfulness
☐ Depression	☐ Anxiety attacks	☐ Constipation	☐ Diarrhea
☐ Chronic Pain	☐ Itching/Rash	☐ Nausea/Vomiting	☐ Shortness of Breath

Have you and/or family members experienced:

	Self	Family		Self	Family
High blood pressure:	☐	☐	Anemia/Fatigue:	☐	☐
Diabetes:	☐	☐	Depression:	☐	☐
High cholesterol:	☐	☐	Anxiety/Nervousness:	☐	☐
Ulcers:	☐	☐	Constipation/Diarrhea:	☐	☐
Overweight or Obesity:	☐	☐	Reflux/Heartburn:	☐	☐
Insomnia:	☐	☐	Heart Attack/Stroke:	☐	☐
Alzheimer's Disease:	☐	☐	Cancer:	☐	☐ Type: _____

List Medications and Dosage:

List Vitamins/Supplements/Protein Powders:

Major Hospitalizations, Surgeries, Injuries:

Year	Surgery, Illness, Injury	Outcome

Do you consider yourself: ☐ Obese ☐ Overweight ☐ Normal Wt ☐ Underweight Weight today: _____

What are your current health goals?