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| PATIENT PERSONAL INFORMATION | | | | | | LIFESTYLE HABITS | | | | | | | | |
| Name and Surname: | | | | | | *Consumption Frequency and Quantity:* | | | | | | | | |
| Date of Consultation: | | Date of Birth: | | | | Alcohol: | | | | Tobacco: | | | | |
| Address: | | | | | | Physical Exercise: ◻ YES ◻ NO - Frequency: Duration: | | | | | | | | |
| ID Number (DNI): | | Gender: | | | | Desire for more exercise? | | | | | | | | |
| Phone Number: | | Occupation: | | | | To what end? | | | | | | | | |
| Marital Status: | | Education Level: | | | | Reason for not doing more: | | | | | | | | |
| PERSONAL HISTORY | | | | | | Hours sitting at a computer or TV: | | | | | | | | |
| Reason for Consultation: | | | | | | Do you rest well? ◻ YES ◻ NO- How many hours do you sleep? | | | | | | | | |
| □ Voluntary | □ Advised | | | □ Obligated | | Do you feel tired during the day? | | | | | | | | |
| Have you followed any diet plans before ◻ YES ◻ NO | | | | | | Wake-up time: | | | | Bedtime: | | | | |
| How was your experience? | | | | | | How has your weight varied over time? | | | | | | | | |
|  | | | | | | Usual Weight: | | Maximum Weight: | | | | Minimum Weight: | | |
| Are you receiving any medical treatment or taking supplements? ◻ YES ◻ NO | | | | | | DIETARY HABITS | | | | | | | | |
| Which ones? | | | | | | Do you live alone? ◻ YES ◻ NO – With who? | | | | | | | | |
|  | | | | | | Who does the grocery shopping? | | | | | | | | |
| Expectations with this program/treatment: | | | | | | How often do you do the shopping? | | | | Where? | | | | |
| Motivation Level (1 – 10 ): | | | | | | Who does the cooking? | | | | Same food for everyone? ◻ YES ◻ NO | | | | |
| PATHOLOGICAL HISTORY | | | | | | Do you eat alone? | | | | Where do you eat? | | | | |
| Family History : ◻ Obesity ◻ Diabetes ◻ Hypertension ◻ Cancer ◻ Dyslipidemia ◻ Cardiovascular Disease ◻ Others | | | | | | Do you have food anxiety? | | | | | | | | |
| If others, specify | | | | | | Do you consume large amounts of food? | | | | | | | | |
| Personal History: Do you have any existing conditions, and do you take any medications for it? ◻ YES ◻ NO - Control: | | | | | | Do you snack outside of main meals? | | | | | | | | |
| Condition: | | | | | | Daily Water Consumption (liter / glass): | | | | | | | | |
| Medications: | | | | | | Other Beverages (liter/glass): | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| Any Food Allergies or Digestive Disorders? | | | | | | Eating Pace | Fast | | | | Normal | | | Slow |
| Digestive Disorders: ◻ Constipation ◻ Diarrhea ◻ Reflux ◻ Poor Digestion | | | | | | How much time do you have to eat? | | | | | | | | |
| Nutritional Supplements: ◻ YES ◻ NO – Which one? | | | | | | Food Aversions: | | | | | | | | |
| Date of Last Blood Test: | | | ◻ Completed | | ◻ Pending |  | | | | | | | | |
| Values: | | | | | | Food Preferences: | | | | | | | | |
|  | | | | | |  | | | | | | | | |
| **OBSTETRIC AND GYNECOLOGIC HISTORY** | | | | | | Habits with those Food Preferences (When/Where/How) | | | | | | | | |
| Are you currently pregnant? ◻ YES ◻ NO Number of Children: | | | | | |  | | | | | | | | |
| Conditions during pregnancy: ◻Hypertension ◻ Gestational Diabetes ◻ Anemia ◻ Others | | | | | | Emotional Eating (Stress/ Boredom, etc.): | | | | | | | | |
| Oral Contraceptives: ◻ YES ◻ NO -Which ones? Dose: | | | | | |  | | | | | | | | |
| Date of last Menstruation: | | | | | | How important is food for you? (1-10): | | | | | | | | |
| Describe your Menstruation: | | | | | | Weekends Do you eat out? | | | Lunch | | | | Dinner | |
|  | | | | | | Type of Bars and Restaurants | | | | | | | | |
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| **ANTHROPOMETRY** | | | | | | | | | | **OBSERVATIONS** | |
| Height (cm): | | Weight (kg): | | | | BMI | | | |  | |
| Fat % | : | Muscle %: | |  | | Water %: | |  | |
| Fat (kg) |  | Muscle (kg): | |  | | Water (kg): | |  | |
| Visceral Fat Index: | | | | | | | | | |
| Basal Metabolism: | | | | Metabolic Age: | | | | | |
| Blood Pressure | | Max. | | | | Min. | | | |
| Abdominal Circumference(cm) | |  | | Hip Circumference (cm) | | | |  | |
| **24 HORAS FOOD RECALL** | | | | | | | | | |
| Yesterday: Workday ◻ Holiday ◻ Day Before Holiday ◻ | | | | | | | | | |
| Yesterday: Similar to Other Days: YES ◻ NO ◻ | | | | | | | | | |
| Yesterday: Higher Calorie or Energy Intake: YES ◻ NO◻ | | | | | | | | | |
| **MEALS PREPARATION QUANTITY** | | | | | | | | | |
| **BREAKFAST** |  | | |  | | |  | | |
| Time: |
| **MORNING SNACK** |  | | |  | | |  | | |
| Time: |
| **LUNCH** |  | | |  | | |  | | |
| Time: |
| **AFTERNOON SNACK** |  | | |  | | |  | | |
| Time: |
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| **INDICATE HOW OFTEN YOU CONSUME THESE FOODS BY SPECIFYING HOW MANY TIMES PER DAY, WEEK OR MONTH.** | | | | | | | | | | | |
|  | TIMES/DAY | TIMES/WEEK | TIMES/MONTH | TYPE OF PRODUCT  (BRAND) | APROX. AMOUNT  CONSUMPTION EACH TIME |  | TIMES/DAY | TIMES/WEEK | TIMES/MONTH | TYPE OF PRODUCT  (BRAND) | APROX. AMOUNT  CONSUMPTION EACH TIME |
| WHOLE MILK |  |  |  |  |  | HAKE |  |  |  |  |  |
| SEMI-SKIMMED MILK |  |  |  |  |  | WHITING |  |  |  |  |  |
| SKIMMED MILK |  |  |  |  |  | SOLE |  |  |  |  |  |
| MILK POWDER |  |  |  |  |  | TROUT |  |  |  |  |  |
| CONDENSED MILK |  |  |  |  |  | SALMON |  |  |  |  |  |
| WHOLE YOGURT |  |  |  |  |  | RED TUNA / WHITE TUNA |  |  |  |  |  |
| FLAVORED YOGURT |  |  |  |  |  | SARDINES |  |  |  |  |  |
| FERMENTED MILK |  |  |  |  |  | SQUID |  |  |  |  |  |
| CURD |  |  |  |  |  | MOLLUSKS |  |  |  |  |  |
| CUSTARD |  |  |  |  |  | CANNED FISH / CANNED SEAFOOD |  |  |  |  |  |
| PUDDING |  |  |  |  |  | OTHER FISH / SEAFOOD |  |  |  |  |  |
| FRESH CHEESE / COTTAGE CHEESE |  |  |  |  |  | BREAKFAST CEREALS |  |  |  |  |  |
|  |  |  |  |  |  | WHITE BREAD |  |  |  |  |  |
| SEMI-CURED CHEESE |  |  |  |  |  | WHOLEMEAL BREAD |  |  |  |  |  |
| CURED CHEESE |  |  |  |  |  | SANDWICH BREAF |  |  |  |  |  |
| MELTED CHEESE |  |  |  |  |  | RICE |  |  |  |  |  |
| MILKSHAKES |  |  |  |  |  | NOODLES / MACARONI |  |  |  |  |  |
| OTHER DAIRY PRODUCTS |  |  |  |  |  | SPAGHETTI |  |  |  |  |  |
| CHICKEN MEAT |  |  |  |  |  | LASAGNA |  |  |  |  |  |
| PORK MEAT |  |  |  |  |  | SUGAR |  |  |  |  |  |
| LAMB MEAT |  |  |  |  |  | HONEY |  |  |  |  |  |
| BEEF MEAT |  |  |  |  |  | JAM WITH SUGAR |  |  |  |  |  |
| VEAL MEAT |  |  |  |  |  | CHOCOLATE |  |  |  |  |  |
| GAME MEAT |  |  |  |  |  | CAKES |  |  |  |  |  |
| GROUND MEAT |  |  |  |  |  | FRIED DOUGH (CHURROS) |  |  |  |  |  |
| SAUSAGES |  |  |  |  |  | NOUGAT (TURRÓN) |  |  |  |  |  |
| OFFAL |  |  |  |  |  | ICE CREAM |  |  |  |  |  |
| HAM |  |  |  |  |  | OTHER SWEETS |  |  |  |  |  |
| CHORIZO / SALAMI |  |  |  |  |  | COOKIES |  |  |  |  |  |
| OTHER CURED MEATS |  |  |  |  |  | FILLED COOKIES |  |  |  |  |  |
| OTHER MEATS / CURED MEATS |  |  |  |  |  | POPCORN |  |  |  |  |  |
| FRIED EGGS |  |  |  |  |  | CHIPS |  |  |  |  |  |
| BOILED EGGS |  |  |  |  |  | OTHER SALTY SNACKS |  |  |  |  |  |
| OMELETTE |  |  |  |  |  | NON-CARBONATED SOFT DRINKS |  |  |  |  |  |
| OTHER EGGS |  |  |  |  |  | CARBONATED SOFT DRINKS |  |  |  |  |  |
| OLIVE OIL |  |  |  |  |  | COLA DRINKS |  |  |  |  |  |
| SUNFLOWER OIL |  |  |  |  |  | NON-ALCOHOLIC BEER |  |  |  |  |  |
| BUTTER |  |  |  |  |  | ALCOHOLIC BEER |  |  |  |  |  |
| MARGARINE |  |  |  |  |  | WINE |  |  |  |  |  |
| MAYONNAISE |  |  |  |  |  | CIDER / CAVA |  |  |  |  |  |
| BACON / LARD |  |  |  |  |  | VERMOUTH |  |  |  |  |  |
| CREAM |  |  |  |  |  | GIN / WHISKY |  |  |  |  |  |
| CHEWING GUM |  |  |  |  |  | LIQUEURS |  |  |  |  |  |
| OTHER SWEETS/ CANDIES |  |  |  |  |  | SPORTS DRINKS |  |  |  |  |  |

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| OTHER NON-ALCOHOLIC DRINKS |  |  |  |  |  | MUSHROOMS |  |  |  |  |  |
| OTHER ALCOHOLIC DRINKS |  |  |  |  |  | COOKED TOMATO |  |  |  |  |  |
| WATER |  |  |  |  |  | COOKED CARROT |  |  |  |  |  |
| KETCHUP |  |  |  |  |  | COOKED ONION |  |  |  |  |  |
| MUSTARD |  |  |  |  |  | COOKED PEPPE |  |  |  |  |  |
| CROQUETTES |  |  |  |  |  | AVOCAD |  |  |  |  |  |
| TURNOVERS |  |  |  |  |  | APRICOT |  |  |  |  |  |
| CORDON BLEU |  |  |  |  |  | CHERRIES / SOUR CHERRIES |  |  |  |  |  |
| OTHER PRE-COOKED FOODS |  |  |  |  |  | PLUMS |  |  |  |  |  |
| OTHERS |  |  |  |  |  | STRAWBERRIES |  |  |  |  |  |
| REGULAR SALT |  |  |  |  |  | FIGS |  |  |  |  |  |
| IODIZED SALT |  |  |  |  |  | LIME |  |  |  |  |  |
| FLUORIDATED SALT |  |  |  |  |  | LEMON |  |  |  |  |  |
| FIBER SUPPLEMENTS |  |  |  |  |  | TANGERINE |  |  |  |  |  |
| WHEAT GERM |  |  |  |  |  | PEACH |  |  |  |  |  |
| BREWER’S YEAST |  |  |  |  |  | MELON |  |  |  |  |  |
| POLLEN |  |  |  |  |  | QUINCE |  |  |  |  |  |
| DIETARY PREPARATIONS |  |  |  |  |  | ORANGE |  |  |  |  |  |
| VITAMIN SUPPLEMENTS |  |  |  |  |  | LOQUATS |  |  |  |  |  |
| MINERAL SUPPLEMENTS |  |  |  |  |  | PEAR |  |  |  |  |  |
| MULTIVITAMIN-MINERAL |  |  |  |  |  | PINEAPPLE |  |  |  |  |  |
| OTHER SUPPLEMENTS |  |  |  |  |  | BANANA |  |  |  |  |  |
| PIE |  |  |  |  |  | WATERMELON |  |  |  |  |  |
| PIZZA |  |  |  |  |  | GRAPE |  |  |  |  |  |
| OTHER CEREALS |  |  |  |  |  | OLIVES |  |  |  |  |  |
| BEANS |  |  |  |  |  | PEACH IN SYRUP |  |  |  |  |  |
| CHICKPEAS |  |  |  |  |  | PINEAPPLE IN SYRUP |  |  |  |  |  |
| LENTILS |  |  |  |  |  | OTHER FRUIT IN SYRUP |  |  |  |  |  |
| OTHER LEGUMES |  |  |  |  |  | HOMEMADE JAM |  |  |  |  |  |
| LETTUCE |  |  |  |  |  | QUINCE PASTE / FRUIT PASTE |  |  |  |  |  |
| ENDIVE |  |  |  |  |  | FRESH JUICE |  |  |  |  |  |
| RAW TOMATO |  |  |  |  |  | PACKAGED JUICE |  |  |  |  |  |
| RAW CARROT |  |  |  |  |  | ALMONDS / HAZELNUTS |  |  |  |  |  |
| RAW PEPPER |  |  |  |  |  | SUNFLOWER SEEDS |  |  |  |  |  |
| RAW ONION |  |  |  |  |  | PEANUTS |  |  |  |  |  |
| OTHER RAW VEGETABLES |  |  |  |  |  | CHESTNUT |  |  |  |  |  |
| COOKED SPINACH |  |  |  |  |  | DRIED PLUMS / RAISINS |  |  |  |  |  |
| SWISS CHARDS |  |  |  |  |  | DATES |  |  |  |  |  |
| GREEN BEANS |  |  |  |  |  | DRIED FIGS |  |  |  |  |  |
| ZUCCHINI / PUMPKIN |  |  |  |  |  | WALNUTS |  |  |  |  |  |
| CABBAGE |  |  |  |  |  | OTHERS… |  |  |  |  |  |
| LEEK |  |  |  |  |  |  |  |  |  |  |  |
| POTATOES |  |  |  |  |  |  |  |  |  |  |  |
| ASPARAGUS / ARTICHOKES |  |  |  |  |  |  |  |  |  |  |  |