



Clinic name

Address · Phone · Licence no.

Nutrition intake

Patient name File no. Date of birth
Phone Date Doctor

Goals

- ☐ Lose weight ☐ Gain weight ☐ Build muscle ☐ Health condition
☐ Sports performance ☐ Pregnancy ☐ General health ☐ Other:

Goal in the patient's words Measurable target and date

Health

- ☐ Diabetes ☐ Prediabetes ☐ High blood pressure
☐ High cholesterol ☐ Thyroid ☐ PCOS
☐ Bowel or digestion ☐ Kidney ☐ Other:

Medications and supplements Food allergies
Intolerances (lactose, gluten...) Foods avoided and why

Activity and sleep

Activity ☐ Sedentary ☐ Light ☐ Moderate ☐ High

Exercise type and minutes a week Hours of sleep
Work or study hours Sleep quality

A typical day of eating

Meal	Time	What and how much
Breakfast		
Lunch		
Dinner		
Snacks		
Drinks (water, coffee, tea, juice)		

Measurements at the start

Weight (kg)	Height (cm)	BMI	Waist (cm)	Body fat %	Muscle mass (kg)	Visceral fat	Water %

Labs, if available

HbA1c Fasting glucose Lipid profile TSH
Vitamin D Iron or ferritin Other Date of labs

Follow-up sheet

One row per visit. Change is counted from the last visit and from the starting measurement.

Patient name File no. Starting weight Height

Measurements

Date	Weight	Change since last	Change since start	BMI	Waist	Body fat %	Muscle	Visceral	Water %

Adherence and next step

Adherence from 1 (not at all) to 5 (fully), as the patient and the dietitian rate it together.

Date	Adherence 1-5	Notes	Next target

Dietitian name and signature

In Medicolize this document lives on the patient file: medicolize.com