DAVID BRALEY
SPORT MEDICINE AND
REHABILITATION CENTRE

McMASTER
ATHLETICS & RECREATION

McMaster University

INITIAL INTAKE

REGISTERED DIETITIAN AND SPORT SCIENCE NUTRITIONIST

Welcome to the David Braley Sport Medicine and Rehabilitation Centre at McMaster University. Thank you for choosing our facility for your health care needs. Together we will set lifestyle goals that work towards meeting your goals and aspirations. We would like to begin by understanding your goals and gathering information about your personal health history. Honest and thorough responses to these questions are essential. All information provided will remain confidential.

Please note that it is strongly recommended that you advise your primary care physician that you are consulting a Registered Dietitian, and that you consult with your physician prior to beginning an exercise program.

DEMOGRAPHICS

FULL NAME:		DATE OF BIRTH:
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
NAME OF FAMILY PHYSICIAN (MD):		
CELL PHONE:		WORK PHONE:
OCCUPATION:		EMPLOYER:
EMAIL:		MCMASTER STUDENT NUMBER:
HOW DID YOU HEAR ABOUT OUR CLINIC?		

GOALS AND PAST COUNSELLING

DO YOU HAVE ANY PARTICULAR NUTRITION GOALS YOU WOULD LIKE TO WORK ON? DO YOU HAVE ANY QUESTIONS FOR THE DIETITIAN?
HAVE YOU EVER RECEIVED NUTRITION COUNSELING? IF YES, WHEN AND BY WHAT TYPE OF NUTRITION PROFESSIONAL? IF YES, WHAT RECOMMENDATIONS WERE MADE?

HEALTH HISTORY

Have you currently, or have you in the past suffered from any of the following conditions? If yes, check the box beside the condition and provide details where applicable.

☐ HIGH CHOLESTEROL	☐ ALLERGY (including food, environmental, or medications)
☐ HIGH TRIGLYCERIDES	☐ FREQUENT HEADACHES (including migraines)
☐ HIGH BLOOD PRESSURE	☐ LOW IRON OR ANEMIA
☐ DIABETES	☐ OTHER VITAMIN OR MINERAL DEFICIENCIES
☐ LIVER DISEASE	☐ THYROID DYSFUNCTION
☐ CANCER	☐ BONE FRACTURES (including stress fractures)
☐ HEARTBURN/GERD	☐ SPRAIN OR DISLOCATION
☐ DIVERTICULITIS	☐ OSTEOPENIA OR OSTEOPOROSIS (reduced bone density)
☐ CONSTIPATION	☐ POLYCYSTIC OVARIAN SYNDROME
☐ IRRITIBLE BOWEL DISEASE	☐ EATING DISORDER
☐ IRRITIBLE BOWEL SYNDROME	☐ DEPRESSION OR ANXIETY
☐ DIARRHEA/LOOSE STOOL	☐ CONCUSSION
☐ BLOATING/GAS	☐ OTHER:

WEIGHT HISTORY

WHAT IS YOUR CURRENT WEIGHT (if known)?	WHAT IS YOUR HEIGHT?
HOW DO YOU FEEL ABOUT YOUR WEIGHT? ☐ I would like to lose a few pounds ☐ I feel I have a significant amount of weight to lose ☐ I would like to gain weight/muscle ☐ I am comfortable with my current weight	
DO YOU HAVE A HISTORY OF DIETITING OR WEIGHT CYCLING (WEIGHT LOSS AND REGAIN)? PLEASE PROVIDE DETAILS.	DO YOU WEIGH YOURSELF REGULARLY? IF SO, HOW OFTEN?
HOW IS YOUR ENERGY? ☐ Fine – no concerns ☐ Not as high as I would like it to be	HOW IS YOUR SLEEP? ☐ Fine – no concerns ☐ Not as good or as much as I would like it to be

FOOD AND SOCIAL HISTORY

DO YOU HAVE ANY KNOWN FOOD ALLERGIES?
DO YOU HAVE ANY KNOWN FOOD INTOLERANCES? If yes, describe the symptoms you experience if consumed.
ASIDE FROM THE FOODS LISTED ABOVE, DO YOU HAVE ANY FOOD RESTRICTIONS OR LIMITATIONS? (vegetarian, gluten-free, strong dislikes, etc.)
WHO DO YOU LIVE WITH? (parents, residence, shared apartment, alone, etc.)
WHO USUALLY TAKES CARE OF THE SHOPPING AND MEAL PREPARATION?

CURRENT MEDICATIONS AND SUPPLEMENTATION

List all medications and supplements you are currently taking or have taken in the past 6 months.

MEDICATION / SUPPLEMENT Include brand name	**DOSE** Include amount and frequency	**PURPOSE** Include whether or not it was recommended to you

SPORT SPECIFIC INFORMATION

Please complete this section only if you are seeking sport nutrition counselling.

WHAT IS YOUR PRIMARY SPORT? Include specialties if appropriate (e.g. 800m and 1500m, freestyle swimming).

Outline your usual weekly schedule. Include type of training, duration, intensity and time of day.

SUN	MON	TUES	WED	THURS	FRI	SAT

WHAT PHASE OF TRAIING ARE YOU CURRENTLY IN? (e.g. preparation/base training, pre-race or competition, recovery, etc.)

HOW IS YOUR SPORT PERFORMANCE?

☐ Fine – no concerns (improving steadily)

☐ Not performing as well as I would like to be

ADDITIONAL NOTES (e.g. details about training camps, peak events, next goal race, etc.)

I certify that the above information is correct to the best of my knowledge. I will not hold the Registered Dietitian or any member of the staff at the David Braley Sports Medicine and Rehabilitation Centre responsible for any errors or omissions that I may have made in the completion of the form.

_____ _____

NAME DATE