

A PATIENT QUESTIONNAIRE

# The *Patient* Intake

*A clinical foundation, before the plan.*

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**JASON FEE, MS, RDN, LDN**  
VITAE ARETE CLINICAL NUTRITION

*The information you share here lets us build a plan grounded in your physiology, your history, and what success genuinely looks like for you. Take your time — skip what feels uncertain. We'll fill in the gaps together at your first visit.*

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# Patient *identification*

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FULL NAME

DATE OF BIRTH

TODAY'S DATE

EMAIL

PHONE

PRONOUNS

OCCUPATION

EMERGENCY CONTACT

PRIMARY CARE PHYSICIAN

# Goals & vision of success

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Tell me what success genuinely looks like — body composition, performance, energy, labs, and the life behind the numbers.

HEIGHT

CURRENT WEIGHT

GOAL WEIGHT

CURRENT BODY FAT % (IF KNOWN)

GOAL BODY FAT %

*DEXA / InBody / calipers / estimate*

GOAL WAIST MEASUREMENT

TOP PRIORITIES — CHECK ALL THAT APPLY

- Fat loss
- Muscle retention
- Muscle gain
- More energy
- Better lab values
- Confidence
- Athletic performance
- Manage a condition
- Reduce medications
- Sleep better
- Mobility / pain
- Mood / mental health

— BEYOND THE SCALE —

TOP NON-WEIGHT GOAL

GOAL TIMELINE

*e.g. play with grandkids, hike Smokies, run a 5K*

*1-3 / 3-6 / 6-12 / 12+ months*

WHAT DOES SUCCESS IN THREE MONTHS ACTUALLY LOOK LIKE?

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# Weight history & plateaus

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*Patterns matter as much as numbers. Map the high points, low points, and where you've gotten stuck.*

HIGHEST ADULT WEIGHT

LOWEST ADULT WEIGHT

"COMFORTABLE" WEIGHT

AGE FIRST CONCERNED ABOUT WEIGHT

WEIGHT TREND, PAST 12 MONTHS

## WEIGHT TIMELINE — FILL IN WHAT YOU REMEMBER

AGE / YEAR

WEIGHT

LIFE EVENT, TRIGGER, OR CONTEXT

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## PLATEAU PATTERNS — CHECK ALL THAT APPLY

- Stuck around same number for years
- Lose 10–15 lbs then rebound
- Gain after life events
- Gain after pregnancy / surgery
- Gain after starting a medication
- Slow steady gain over decades
- Have never lost weight intentionally

WHAT WEIGHT TENDS TO FEEL LIKE THE "WALL" YOU CAN'T GET PAST, AND WHAT'S HAPPENING IN YOUR LIFE WHEN YOU HIT IT?

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## Past diets & programs

APPROACHES YOU'VE TRIED – CHECK ALL THAT APPLY

- Calorie counting / MyFitnessPal     Weight Watchers / Noom     Keto / low-carb
- Intermittent fasting     Whole30 / paleo     Mediterranean     Vegetarian / vegan
- Macro-tracking / IIFYM     Meal-replacement shakes     Plate-style portion control
- Personal trainer program     Bariatric surgery     GLP-1 / weight medication     Other

APPROACH THAT WORKED BEST – AND WHY

APPROACH THAT BACKFIRED – AND WHY

HISTORY OF DISORDERED EATING, RESTRICTIVE PATTERNS, OR BINGE EPISODES YOU'D WANT ME TO KNOW ABOUT

## Medical & safety history

*This keeps your plan safe, evidence-based, and appropriate for your physiology.*

CURRENT MEDICAL CONDITIONS

*e.g. type 2 diabetes, hypertension, hypothyroidism, PCOS, fatty liver, sleep apnea*

PAST SURGERIES (INCL. BARIATRIC)

FAMILY HX – OBESITY, T2D, CVD, CANCER

ALLERGIES (FOOD & DRUG)

INJURIES / PAIN LIMITING MOVEMENT

PREGNANT / BREASTFEEDING

SMOKING / TOBACCO

RECREATIONAL SUBSTANCES

## Labs & biomarkers

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*Most recent values within the past 12 months. Skip what you don't have — we'll order what's missing.*

A1C

FASTING GLUCOSE

FASTING INSULIN

HOMA-IR

TOTAL CHOLESTEROL

LDL

HDL

TRIGLYCERIDES

TSH

FREE T3 / T4

VITAMIN D

B12

AST

ALT

FERRITIN

HS-CRP

BLOOD PRESSURE (MOST RECENT)

OTHER NOTABLE LABS

## Medications & supplements

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### CURRENT PRESCRIPTION MEDICATIONS (NAME, DOSE, FREQUENCY, PURPOSE)

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### OVER-THE-COUNTER MEDICATIONS YOU TAKE REGULARLY

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*e.g. NSAIDs, antacids, allergy meds, sleep aids, melatonin*

### VITAMINS, MINERALS & SUPPLEMENTS (NAME, DOSE, BRAND IF KNOWN)

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*protein powder, creatine, omega-3, magnesium, multivitamin, etc.*

### HERBAL, BOTANICAL, "WELLNESS" OR PEPTIDE PRODUCTS

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*ashwagandha, berberine, NAD+, methylene blue, peptides — anything in this category*

### GLP-1 / WEIGHT MEDICATION HISTORY

Never used    Currently using    Previously used    Open to discussing    Not interested

### WHICH MEDICATION, DOSE, & DURATION

### OUTCOME & SIDE EFFECTS

*e.g. semaglutide 1.0 mg / 8 mo; tirzepatide 5.0 mg / current*

## Digestive health

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### CHECK ALL THAT APPLY

Bloating    Reflux / heartburn    Constipation    Diarrhea    Gas    Nausea

Food intolerances    Diagnosed IBS / IBD    None

### BOWEL MOVEMENT FREQUENCY

### TRIGGERS & SEVERITY NOTES

*e.g. once daily, every other day, 2-3x/day*

# Eating *patterns*

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MEALS PER DAY

FIRST MEAL TIME

LAST MEAL TIME

SNACKS PER DAY

EATING WINDOW (HRS)

WHO COOKS AT HOME

TYPICAL BREAKFAST — WHAT, HOW MUCH, WHEN

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TYPICAL LUNCH

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TYPICAL DINNER

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TYPICAL SNACKS & NIGHTTIME EATING

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MEALS OUT PER WEEK

FAST FOOD / TAKEOUT PER WEEK

COFFEE / CAFFEINE PER DAY

MOST-CONSUMED SNACKS

FOODS YOU DISLIKE OR WON'T EAT

ALCOHOL — TYPE

DRINKS PER WEEK

WATER INTAKE (OZ / DAY)

EATING CUES & PATTERNS — CHECK ALL THAT APPLY

- Eat when stressed
- Eat when bored
- Eat past fullness
- Skip meals then overeat
- Late-night eating
- Hidden / secret eating
- Eat fast / standing
- Eat on screens
- Sugar / carb cravings
- Salt cravings
- No appetite in mornings
- Constant hunger

## Movement & exercise

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Both incidental movement (steps, job activity) and intentional training matter — for different reasons.

JOB ACTIVITY LEVEL

AVERAGE DAILY STEPS

*sedentary / light / moderate / heavy*

STEP GOAL

HOURS SITTING PER DAY

HOURS STANDING PER DAY

WEARABLE / TRACKER USED

CURRENT EXERCISE — CHECK ALL THAT APPLY

- Walking    Running / jogging    Cycling    Swimming    Hiking    Resistance training  
 CrossFit / functional    Yoga / pilates    Group fitness classes    Sports / recreational  
 Pickleball / tennis    Mobility / stretching    None currently

CARDIOVASCULAR TRAINING

TYPE

SESSIONS PER WEEK

AVG DURATION

TYPICAL INTENSITY

RESTING HEART RATE (IF KNOWN)

*easy / moderate / vigorous / mixed*

RESISTANCE TRAINING

SESSIONS PER WEEK

AVG DURATION

SETTING

*gym / home / trainer / class*

STYLE & STRUCTURE — WHAT DOES A TYPICAL WEEK OF TRAINING LOOK LIKE?

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*e.g. 3-day full body, push/pull/legs, machines only, free weights, follow Caroline Girvan*

CONFIDENCE WITH RESISTANCE TRAINING

EQUIPMENT / GYM ACCESS

*none / beginner / intermediate / advanced*

11 RECOVERY

## Sleep & recovery

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BEDTIME

WAKE TIME

HOURS / NIGHT

TIME TO FALL ASLEEP

WAKEUPS PER NIGHT

NAPS PER WEEK

SLEEP ISSUES — CHECK ALL THAT APPLY

- Trouble falling asleep
- Frequent waking
- Early waking, can't return
- Snoring
- Diagnosed sleep apnea
- Use CPAP
- Restless legs
- Night sweats
- Wake hungry
- Wake unrefreshed

SLEEP QUALITY · CHECK ONE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

1 — poor, wake often

10 — restorative every night

SLEEP AIDS USED

*melatonin, magnesium, prescription, alcohol, THC*

BEDROOM ENVIRONMENT NOTES

*temperature, light, partner, pets, kids*

12 REGULATION

## Stress & mental health

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AVERAGE STRESS LEVEL · CHECK ONE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

1 — calm, manageable

10 — chronic, overwhelming

CURRENT MENTAL HEALTH CONSIDERATIONS — CHECK ALL THAT APPLY

- Anxiety
- Depression
- ADHD
- PTSD / trauma history
- Disordered eating history
- Body image distress
- Currently in therapy
- On psych medications
- None currently

TOP CURRENT STRESSORS

STRESS-MANAGEMENT PRACTICES

*therapy, meditation, journaling, prayer, walks*

## Screen time & daily rhythm

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Screens, light exposure, and routine all shape hunger, energy, sleep, and circadian biology.

### SCREEN TIME — AVERAGE HOURS PER DAY

PHONE (NON-WORK)

COMPUTER (WORK)

TV / STREAMING

GAMING

HOURS ON SCREENS AFTER 8 PM

PHONE IN BEDROOM OVERNIGHT?

*yes / no / silenced / on charger across room*

DAILY OUTDOOR / SUNLIGHT TIME

MORNING ROUTINE — FIRST 30 MIN AFTER WAKING

LIFESTYLE & ENVIRONMENT

MARITAL / RELATIONSHIP STATUS

LIVING SITUATION

*solo / partner / kids / multigen*

CHILDREN AT HOME (AGES)

WORK SCHEDULE

*9-5 / shift / nights / variable*

TRAVEL FOR WORK (PER MONTH)

CAREGIVING RESPONSIBILITIES

SOCIAL & FOOD ENVIRONMENT — HOUSEHOLD NORMS, KITCHEN ACCESS, WHO SHOPS & COOKS, FAMILY ATTITUDES TOWARD FOOD

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APPROXIMATE WEEKLY FOOD BUDGET

HOURS PER WEEK AVAILABLE TO COOK

RELIGIOUS, CULTURAL, ETHICAL, OR SEASONAL FOOD CONSIDERATIONS

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# Readiness & barriers

## MOTIVATION TO MAKE CHANGES · CHECK ONE

1 2 3 4 5 6 7 8 9 10

1 — not now

10 — ready, all in

## CONFIDENCE YOU CAN SUCCEED · CHECK ONE

1 2 3 4 5 6 7 8 9 10

1 — uncertain

10 — fully confident

## BIGGEST CURRENT BARRIERS — CHECK ALL THAT APPLY

- Time     Cooking skills     Travel / schedule     Stress eating     Cravings     Cost / budget
- Family resistance     Hunger / fullness cues     Knowing what to eat     Plateaus / slow progress
- Sleep / fatigue     Pain / mobility     Emotional eating     Accountability     Past failures

## SUPPORT & ACCOUNTABILITY PREFERENCES

- Weekly check-ins     Daily messaging     Detailed meal plans     Flexible frameworks
- Tough love     Gentle pace     Data & metrics     Less data, more feel

## ANYTHING ELSE YOU'D LIKE THE CLINICIAN TO KNOW

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### ACKNOWLEDGMENT · PRIVACY

*The information provided here is used solely to inform your individualized nutrition plan and is held in clinical confidence. Vitae Arete does not share patient data with third parties. You may request a copy of this intake at any time.*

PATIENT SIGNATURE

DATE