FLORIDA ATLANTIC UNIVERSITY
NUTRITION CONSULTATION FORM
STUDENT HEALTH SERVICES

Name: ______________________________ Date of Birth: ________________
Z Number: ________________________ Gender: (please circle) Male Female
Year (please circle) Freshman Sophomore Junior Senior Graduate Student
Home Phone: (______)______________ Cell: (______)______________
Permission to leave a message on answering machine (please circle): Yes No
Email address: ______________________
Reason for consultation: ____________________________________________
Please list any medical conditions: ______________________________________
How would you rate your nutrition knowledge? (Circle 1-5)

None       Some       Very knowledgeable
1           2           3           4           5

What are your concerns about your eating habits? ______________________________
__________________________________________________________________________
__________________________________________________________________________
What are your goals from a nutrition consultation? _____________________________
__________________________________________________________________________

Congratulations for taking the first step toward your optimal health!
Please fill out this packet and bring it to your nutrition consultation.
Take time to fill out the two day food journal accurately. If you do not
have an appointment but would like to make one, please contact Etty
Baker, RD at 561-297-3512 or email at bakere@fau.edu