



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 [\(561\)297-3552](tel:5612973552) or email at mbakere@fau.edu