

## NUTRITIONAL SERVICES CONSULTATION

### CLIENT PROFILE for Nutrition Consultation

Date: \_\_\_\_\_

\_\_\_\_\_ **M / F**  
Last name First name  
Age Date of birth dd/mm/yyyy  
Street address City Province Postal code  
Daytime telephone number Evening telephone number Email address

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### CLIENT ACTIVITY

OCCUPATION \_\_\_\_\_

TYPE OF REGULAR EXERCISE \_\_\_\_\_

HOW LONG IS YOUR WORKOUT? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

ACTIVITY LEVEL Light \_\_\_\_\_ Moderate \_\_\_\_\_ Heavy \_\_\_\_\_

STRESS LEVEL Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

### HEALTH HISTORY

Are you a smoker? **N** **Y** If yes, how many cigarettes do you smoke per day? \_\_\_\_\_

Please indicate the following where applicable:

Vitamin/Mineral Supplements: \_\_\_\_\_

Medications: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Previous Diets and Success: \_\_\_\_\_

**FAMILY HISTORY**

Coronary Disease? \_\_\_\_\_ Diabetes? \_\_\_\_\_ Hypertension? \_\_\_\_\_

History of Anorexia/Bulimia? \_\_\_\_\_

Other Medical Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PSYCHO-SOCIAL DATA**

Number of people living in your house? \_\_\_\_\_ Are there any special diets? \_\_\_\_\_

Cooking \_\_\_\_\_ Shopping \_\_\_\_\_ Business Travel \_\_\_\_\_

Lunch at home \_\_\_\_\_ out \_\_\_\_\_ Restaurant meals \_\_\_\_\_

**NUTRITIONAL GOALS**

What are your specific goals?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*\*Please complete and return to the Goldring Centre for High Performance Sport service desk or the Athletic Centre main office at least 3 days prior to your appointment.*

### 3-Day Food Record of:

\_\_\_\_\_  
Name

Please record **all** foods and beverages (including water and any supplements) as soon as possible after they are consumed. Please choose 3 consecutive days out of the week (**preferably 2 weekdays and 1 weekend day**) to record your food intake.

#### **RECORD:**

1. The time of day the food is consumed.
2. A description of the food or beverage using:
  - **Brand Names**, for example Kelloggs, Post, General Mills, Nabisco, Nestle, President's Choice, Lean Cuisine, TGTB, Campbell's, Lipton, Becel, etc.
  - **Restaurant Names**, for example McDonald's, Wendy's, Young Thailand, Swiss Chalet, etc.
  - **Food Form**, for example raw, steamed, baked, boiled, grilled, deep-fried, pan-fried, fresh, canned, dried, processed, skinned, low-fat, 1% or 2% milk, light, fat-free, etc.
3. The quantity of food or beverage consumed by
  - Weight (e.g., ounces, grams) for all foods; otherwise use portion description e.g., bread – slice (thick or thin)
  - Cups for beverages, pasta, rice, cereal, mashed potatoes
  - Small, medium, large for raw fruits and vegetables (as a whole)
  - Tbsp or tsp for margarine, butter and sugar (or packets for sugar)
  - Dimension e.g. 5 cm x 5cm x 4 cm for foods like meat, cheese and pie
4. Descriptions and quantities for individual ingredients in mixed dishes:

Table 1. Example of a 3 day food log.

Time	Description	Quantity
12:00 pm	Cheese Sandwich	
	Sesame seed bagel	1 medium
	Becel margarine	1 tbsp
	Cheddar cheese	3 slices (10cm x 10cm x 1cm)
	Orange juice	1 cup
	Source low-fat yogurt	½ cup
3:00 pm	Lay's baked chips (original)	175 g
	Water	1 cup

**Day 1**







Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

### **INFORMED CONSENT AGREEMENT**

I the UNDERSIGNED hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreation activities. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others, or a combination of both. I understand that the RULES and REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I hereby WARRANT I am physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or THE FACULTY OF KINESIOLOGY AND PHYSICAL EDUCATION AT THE UNIVERSITY OF TORONTO shall not be liable for any injury to my person and/or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees or agents while acting within the scope of their duties. I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian for that minor, and agree to the above on their behalf.

SIGNATURE \_\_\_\_\_

I am interested in being a potential research participant at the University of Toronto. I give consent to disclose personal information including my name, age, gender, phone number and/or email. I understand that I may be contacted regarding a specific study and have the option of declining at that time.

I give my consent to be a potential research participant as indicated above for the Faculty of Kinesiology and Physical Education. Yes  No



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