

3 Day Dietary Analysis Cover Sheet

Staple this to the top of your food records before submitting completed forms.

(Attach a copy of physician referral if applicable.)

Name: _____ E-Mail: _____

Date submitted: _____ Age: _____ Ht: _____ Wt: _____

Sex (circle one) Male Female Female (pregnant yes/no)

Health outcome(s) desired: (circle all applicable)

- weight loss weight gain weight maintenance
- improved blood lipids (i.e. cholesterol, triglycerides, etc..)
- manage blood glucose levels/lower A1c
- other (please designate) _____

Activity Level : (Refer to reference chart below to determine level and circle one)

Sedentary Lightly Active Moderately Active Very Active Extremely Active

(Pick the one that best describes your current level of daily activity.)	
<i>Sedentary</i>	Little or no exercise
<i>Lightly Active</i>	Light exercise/sports 1 to 3 days per week
<i>Moderately Active</i>	Moderate exercise/sports 3 to 5 days per week
<i>Very Active</i>	Hard exercise/sports 6 to 7 days per week
<i>Extremely Active</i>	Very hard daily exercise/ sports and physical job or twice-daily training

Please include this cover sheet along with your food record intake forms. Please print as many food intake forms as you need to accommodate your information.

For office use only: (Do not complete this section.)

Date received: _____ Signature: _____

Patient's BMI: _____ REE: _____

Healthy Weight Range: _____ AF: _____

Est. Needs:

_____ kcal/d _____ CHO _____ protein _____ fat

