



**Nutrition Profile Sheet**  
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Cross Court Athletic Club

Please complete this form and return it to the front desk. I will contact you to schedule an appointment after receiving this completed form.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

What are the most convenient days and times that you are available to meet?

\_\_\_\_\_

Are you Male? \_\_\_\_\_ Female? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Desired Weight: \_\_\_\_\_

Do you have any medical problems? If so, what are they?

\_\_\_\_\_  
\_\_\_\_\_

Are there any diet or nutrition recommendations that your doctor has advised? If so, what are they?

\_\_\_\_\_  
\_\_\_\_\_

Please list medicines you take:

\_\_\_\_\_  
\_\_\_\_\_

Please list vitamins, minerals or herbs that you take:

\_\_\_\_\_  
\_\_\_\_\_

**Food Record**

Please record everything you eat for one to three days, specifying the food or beverage and the amount (please use real measurements, i.e. ounces, teaspoons, cups, etc.) You may write on the back of this form or attach additional pages.

| Date/Time | Amount | Food/Beverage Consumed | Comments |
|-----------|--------|------------------------|----------|
|           |        |                        |          |