

Computerized 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)

Health outcome(s) desired:

- weight loss weight gain weight maintenance
 improved blood lipids (i.e. cholesterol, triglycerides, etc..)
 other (please designate) _____

Activity Level: (Refer to reference chart below to determine level.)

- 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

Food records submitted without the required information on this cover sheet cannot be analyzed!

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

(1.2, 1.375, 1.55, 1.725, 1.9)

