



Natural Health Care

Jared L. Zeff, ND, L.Ac, LLC 3606 Main St., Ste 201 Vancouver, Washington 98663
Phone: 360-823-8121 Fax: 360-823-8123 DrZeff@aol.com www.salmoncreekclinic.com

Nutritional Questionnaire

Name _____ Parent/Guardian _____ Date _____
Address _____ Age _____

Phone _____ Date of Birth ___/___/___
Email: _____ Fax: _____

Please tell us who referred you: _____

Primary Health Problems:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

Diet:

Usual Breakfast: _____

Usual Lunch: _____

Usual Dinner: _____

Snacks: _____

Coffee, Tea, Sodas, Beer, Wine? _____

<u>Do you eat:</u>	Often	Rarely	Never		Often	Rarely	Never
Eggs	_____	_____	_____	Cooked Vegetables	_____	_____	_____
Red Meats	_____	_____	_____	Potato/Yam	_____	_____	_____
Chicken	_____	_____	_____	Fruits	_____	_____	_____
Fish	_____	_____	_____	Salads	_____	_____	_____
Milk	_____	_____	_____	Sugar	_____	_____	_____
Cheese	_____	_____	_____	List any foods that you crave: _____			
Yogurt	_____	_____	_____	_____			
Butter	_____	_____	_____	List any foods that you react to: _____			
Margarine	_____	_____	_____	_____			
Bread	_____	_____	_____	_____			