



**Natural Health Care**

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**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? \_\_\_\_\_

| <b><u>Do you eat:</u></b> | 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                     | _____ | _____  | _____ | _____                                   |       |        |       |