

CINET REGISTERED DIETITIANS & WELLNESS

Meal Planning Service BY EatLove

Intake Form

Please type or print your responses as legibly as possible for review by your dietitian. Thank you!

1. First & Last Name:

2. Email Address (REQUIRED):

3. Mobile # (Optional):

4. Birthdate (MM/DD/YYYY):

5. Gender

Male

Female

6. Dietary preferences (please check the one that best applies to you):

I'm Vegetarian (I drink milk and eat eggs, but no meat)

I'm Lacto-Vegetarian (I drink milk, but no eggs or meat)

I'm Ovo-Vegetarian (I eat eggs, but no milk or meat)

I'm Vegan (I do not consume any animal bi-products)

I'm Pescatarian (I drink milk, eat eggs, and eat seafood, but no other meats)

I Eat Most Things (I'm an omnivore)

I don't know what to choose, please help!

I'd like to transition from one dietary preference to another

7. Allergies & Avoidances (Please indicate all that apply):

- | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Wheat/Gluten | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Pork | <input type="checkbox"/> Legumes |
| <input type="checkbox"/> Milk/Diary | <input type="checkbox"/> Peanuts | <input type="checkbox"/> Lamb | <input type="checkbox"/> Corn |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Game Meats | <input type="checkbox"/> Cilantro |
| <input type="checkbox"/> Soy | <input type="checkbox"/> Sesame | <input type="checkbox"/> Poultry | <input type="checkbox"/> Avocado |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Beef | <input type="checkbox"/> Grains | <input type="checkbox"/> Nightshades |

8. Do you mind leftovers? This can help save money and time:

- I do not want any leftovers built into my nutrition plan
- I would like leftovers built into my nutrition plan

9. What are a few foods that you like to eat for...

Breakfast:

Lunch:

Dinners:

Snacks:

10. Who eats with you and for what meals:

Adult #1 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

Adult #2 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

Pre-Teen #1 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

Pre-Teen #2 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

Child #1 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

Child #2 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

Child #3 Name: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

OTHER - Name + Age: _____

Meals Eaten With You:

Breakfast

Lunch

Dinner Snacks

11. What level of physical activity most closely reflects your average:

- I'm typically Sedentary (little to no exercise, desk-job work)
- I'm typically Lightly Active (light exercise or sports 1-3 days/week)
- I'm typically Moderately Active (moderate exercise or sports 3-5 days/week)
- I'm typically Very Active (hard exercise, sports 6-7 days/week)
- I'm Extremely Active (hard daily exercise or sports and physical job)

Day 3:

Food Item	Serving Size	Time + Location	Additional Notes

Thank You!