



Body, Soul & Spirit *A Trichology Clinic*

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DIETARY EVALUATION FORM

Client Name _____ ID# _____

► **Instructions for Filling out the rest of the form:** On the following pages, we have listed menu choices for the usual three meals a day. Some of the choices are not specific and we ask you for details; for example, do you have juice in the morning is answered "Yes" or "No". If the answer is "Yes", we would like you to describe what kind of juice. Also, please circle the appropriate description where choices are presented; for example, for "Milk", circle one of the following: cream / whole / 2% / 1% / Skim.

Rather than ask you to keep a detailed diary of everything you eat and drink for 3 to 7 days, we ask that you indicate your preferences - **WHAT YOU USUALLY HAVE FIVE DAYS A WEEK**, (Monday through Friday) **NOT INCLUDING WEEKENDS**. There is room at the bottom of the pages for you to fill in those things that may not be listed.

Morning Meal

Do you usually skip breakfast (five days a week)? **Yes No** If you have breakfast, is it at home? **Yes No**

If not, where? _____ **Restaurant Fast Food Cafeteria**

Do you use a meal substitute, such as Slim-Fast, etc? _____

If so, it may not be necessary to fill out the remainder of this breakfast menu.

MENU ITEM	YES	NO	DESCRIBE
Eggs or Egg Beaters			
Cheese			
Bacon - Ham - Sausage			
Potatoes			
Hot Cereal			Sugar / Sweetener
Pancakes - French Toast			Syrup or Jelly / Jam / Honey
Toast of English Muffin			Butter / Margarine
Bagel or Croissant			Butter / Margarine / Cream Cheese
Doughnuts			
Sweet Rolls or Danish			Butter / Margarine
Milk			Cream / Whole / 2% / 1% / Skim
Yogurt			
Fresh Fruit			
Water			
Juice			
Coffee			Creamer / Sweetener



DIETARY EVALUATION FORM

(continued 2 of 4)

Client ID# _____

Menu Item	YES	NO	Describe
How many cups per day?			Regular / Decaf
Tea			Regular / Decaf / Herbal
Soft Drink			Diet / Regular

Other _____

Mid-Day Meal

Do you usually (five days a week) skip lunch? **Yes** **No**

Do you eat lunch at home? **Yes** **No** If not, where? **Carry Lunch** **Restaurant** **Fast Food** **Cafeteria**

Do you use a meal substitute, such as Slim-Fast, etc? _____

If so, it may not be necessary to fill out the remainder of lunch menu.

Lunch Item	Yes	No	Describe
Meat or Burger			
Pizza			
Soup & Sandwich			
Soup & Salad Bar			Favorite Dressing
Vegetable			
Pasta/Noodles			
Potato or Fries			
Bread or Rolls			
Dessert or Milk Shake			
Yogurt			
Water			
Juice			
Coffee			Creamer – Milk / Artificial
How many cups per day			Sugar / Sweetener
Tea			
Herbal Tea			
Soft Drink			Diet or Regular
Milk			Whole / 2% / 1% / Skim



DIETARY EVALUATION FORM

(continued 3 of 4)

Client ID# _____

Lunch Item	Yes	No	Describe
Buttermilk - Chocolate Milk			
Beer - Wine - Mixed Drink			

Other _____

Evening Meal

Do you usually (five days a week) skip the evening meal? **Yes No**

If you have supper, is it at home? **Yes No** If not, where? **Restaurant Fast Food Cafeteria**

Do you usually have an alcoholic drink before supper? **Yes No**

Do you use a meal substitute, such as Slim-Fast, etc? _____

If so, it may not be necessary to fill out the remainder of supper menu.

Dinner Item	Yes	No	Describe
Meat or Fish			
Soup			
Vegetables			
Salad			
Potato			
Rice			
Bread or Rolls			Butter / Margarine
Dessert			How many times per week?
Water			
Juice			
Coffee			Creamer / Sweetener
Tea			
Herbal Tea			Creamer / Sweetener
Soft Drink			Diet / Regular
Milk			Whole / 2% / 1% / Skim
Buttermilk or Chocolate Milk			
Beer - Wine - Mixed Drink			



DIETARY EVALUATION FORM

(continued 4 of 4)

Client ID# _____

Other _____

Snacks

Do you chew gum? **Yes** **No**

Do you use breath mints? **Yes** **No**

When Do you Snack?			
	Yes	No	Describe
Mid-Morning			
Mid-Afternoon			
Evening			
Bedtime			

Snack Item	Yes	No	What Kind
Chips			
Pop Corn			
Candy			
- Chocolate			
- Hard Candy			
Cookies			
Ice Cream			

Beverage Item	Yes	No	What Kind
Water			
Juice			
Coffee			Creamer / Sweetener
Tea			Creamer / Sweetener
Soft Drinks			Diet Regular
Milk			Whole / 2% / 1% / Skim
Beer - Wine - Mixed Drink			

Other _____