

**Private Nutrition Program
Participant Information**

First Name _____ Last Name _____

Bruincard ID # _____ or Recreation Membership # _____

Affiliation (*check one*) Student Recreation Member Non-Member Other: _____

Phone (____) _____ Cell Phone (____) _____

Email Address _____

Preferred Method of Communication (*check one*) phone email text either

Preferred Location of Service (*check one*) JWC KREC BFIT any

Please indicate a time frame that you are available in the appropriate box. (*Ex. Afternoon: M, W 12-2pm*)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
Afternoon							
PM							

Please list all of your nutrition goals.

What (if any) eating habits would you like to change?

Please list all prescription and non-prescription medications you are currently taking.

What is your occupation/work type? _____

Please list any food allergies, food intolerances or special diet(s) here.

Please share any additional information that might be helpful in selecting a Registered Dietitian to meet your needs. (You may request a specific RD here)

Staff Use Only

FW Name _____

Date Received ____/____/____