NUTRITION ANALYSIS: $30

UREC Nutrition analysis provides an opportunity to learn more about your current nutritional status. This package includes the following:

- Initial Consultation with a nutrition analyst to complete a 24 hour recall and discuss nutritional goals
- Completion of a 3-day food record
- Computer analysis of both 24 hours recall and 3-day food record
- Follow-up with the nutrition analyst to discuss analysis results and ways to meet individual nutritional needs.

Please fill out the attached Health History Questionnaire and return it to the UREC Program Registration Desk. At this time, you may schedule your nutrition analysis appointment and pay for this service via FLEX. All assessment services are non-refundable.

If you have any questions, please contact Holly Bailey, Coordinator of Fitness and Nutrition, at 540-568-8712 or baileyha@jmu.edu.

University Recreation
Health History Questionnaire

NAME__________________________________ TODAY'S DATE_______________

E-MAIL__________________________ TELEPHONE________________________

BIRTH DATE______________ AGE_____GENDER___ WEIGHT____ HEIGHT____

1) Has a physician ever told you that you have had any of the following?

_____	Coronary Heart Disease	_____	Heart Attack
_____	Rheumatic Disease	_____	Stroke
_____	Congenital Heart Disease	_____	Epilepsy
_____	Irregular Heartbeats	_____	Diabetes
_____	Heart Valve Problems	_____	Angina
_____	Heart Murmurs	_____	Cancer
_____	High Blood Pressure	_____	Arthritis
_____	High Cholesterol	_____	Obesity
_____	Lung Disease (Asthma, Emphysema, etc.)		
_____	Other		

Please explain: ____
____

2) Has anyone in your immediate family (mother, father, siblings, grandparents) experienced any of the above conditions?
_____NO _____YES

3) Do you ever experience any of the following?
- _____ Chest Pain/Discomfort
- _____ Shortness of Breath
- _____ Heart Palpitations
- _____ Back Pain
- _____ Joint, Tendon, or Muscular Pain
- _____ Orthopedic Problems

If yes, please explain: ____
____

4) Please list any medications that you are currently taking (name & reason): ______
____
____

*** ***OVER*** ***

Office Use Only
Appt Date _____ Appt Time _____ Trainer _____ Payment Date _____ Amount Pd _____ WC Initials _____

Service Requested (please circle): FA NA TP

5) Do you have any medical conditions for which a physician has ever recommended some restrictions on activity (including surgery)?
_____NO _____YES
If yes, please explain: ____
____

6) Are you pregnant? _____NO _____YES

7) Do you smoke? _____NO _____YES
_____ Cigarettes per day
_____ Pipes per day
_____ Cigars per day
Do you use smokeless tobacco? _____NO _____YES

8) Have you had your cholesterol measured in the last year?
_____NO _____YES
If yes, what was the value? ___________

9) Do you drink alcoholic beverages at all? _____NO _____YES
If yes, how many drinks per week? ______________________

10) Do you eat a variety from the major food groups (meats, fruits, vegetables, grains, milk)?
_____NO _____YES

11) Is your diet high in saturated fat (milk products, cheese, meats, fried foods, desserts)?
_____NO _____YES

12) Check the description that bests represents the amount of stress you experience on a daily basis.
_____ No stress
_____ Occasional mild stress
_____ Frequent moderate stress
_____ Frequent high stress
_____ Constant high stress

13) Have you had a recent weight loss or gain? If so, how much?_______________________

14) Please describe your current exercise program. List type of activity, number of sessions per week, time per sessions and intensity level:
____
____
____
____

15) List any areas for which you would like additional information:
____
____
____
____

16) Would you be interested in a nutrition analysis in conjunction with your personal training?
____ NO ____ YES