

Dietitian client intake form

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Adapt to your scope and collect only what is needed. Explain the purpose, access and private return method. Mark unknown or not provided values clearly. Reported history is not automatically verified.

Practice and client context

Practice / practitioner: _____ Date: _____

Client identifier / preferred name: _____

Age / relevant life stage: _____

Preferred language / agreed contact channel: _____

Goals and everyday context

What would you like help with? _____

Work, travel, meal preparation and food access: _____

Food preferences, cultural needs and practical constraints: _____

Reported history and care context

Conditions and treating team (source / date): _____

Food allergies or intolerances; source / reaction: _____

Medicines and supplements; source / date: _____

Existing care instructions to clarify with the treating team: _____

Measurements and laboratory context

Measure / test	Value and unit	Date	Source / verified?

Food recall and next contact

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Recall date: _____ Completed at the time / recalled later: _____

Use familiar portions first. Note recipe, additions, served versus eaten amount and uncertainty. Missing meals remain gaps.

Time / context	Food / drink / preparation	Amount / measure	Uncertainty / source

Agreed diary request and follow-up

Question the diary should help answer: _____

Recording days and minimum detail agreed: _____

Sharing preferences, access and private return channel: _____

One agreed next step: _____

Review date / routine response hours: _____

Items to clarify with practitioner / treating team: _____

This blank template does not diagnose, prescribe treatment or collect information through the Shellel website. Keep completed copies in the practice's agreed private record system.