The Kids Menu

**Name:**

**Email:**

**Phone:**

**(Please note your phone number will only be used if we need additional information regarding your consultation/program)**

Please list all family members participating in your Nutrition Consultation OR Family Fitness/ Personal Training Program (Please circle the relevant service)

|  |  |  |  |
| --- | --- | --- | --- |
| Family Member | Age | Weight (kg) \*Not applicable to children under 16 years | Height (cm) \*Not applicable to children under 16 years |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |

**Why have you decided to participate in a Nutrition Consultation/ Fitness Program?**

**What goals would you like to achieve?**

**Do you or any of your family members have any medical conditions? Please describe**

Please list any food or drink you have consumed in the past 24hr. Please provide full details (i.e full fat/ reduced fat, wholemeal, sugar in coffee/tea, butter, added salt etc)

**Family Member 1.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal or Snack** | **Time** | **Place** | **What and how much?** |
| Breakfast or 1st Meal |  |  |  |
| Snack |  |  |  |
| Lunch or 2nd Meal |  |  |  |
| Snack |  |  |  |
| Evening Meal or 3rd Meal |  |  |  |
| Snack |  |  |  |
| Other |  |  |  |

**Family Member 2.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal or Snack** | **Time** | **Place** | **What and how much?** |
| Breakfast or 1st Meal |  |  |  |
| Snack |  |  |  |
| Lunch or 2nd Meal |  |  |  |
| Snack |  |  |  |
| Evening Meal or 3rd Meal |  |  |  |
| Snack |  |  |  |
| Other |  |  |  |

**An over view of the food variety consumed by children is sufficient.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal or Snack** | **Time** | **Place** | **What and how much?** |
| Breakfast or 1st Meal |  |  |  |
| Snack |  |  |  |
| Lunch or 2nd Meal |  |  |  |
| Snack |  |  |  |
| Evening Meal or 3rd Meal |  |  |  |
| Snack |  |  |  |
| Other |  |  |  |

**Who prepares the meals at home?**

**Do you or your family members have any special dietary requirements? Please describe**

**Do you or your family members take any multivitamins, supplements, meal replacements etc? Please describe**

|  |  |  |  |
| --- | --- | --- | --- |
| **Breakfast** | **Lunch** | **Dinner** | **Other** |
|  |  |  |  |
|  |  |  |  |

**How many meals do you eat away from home each week?**

**How many meals do you eat away from home on weekends?**

**Please list the places away from home you often eat**

**Do you currently participate in regular exercise? If yes, what type, how often, what intensity (light, moderate, hard)**

**Are there any reasons you cannot exercise currently?**

**How active is your/ your family’s lifestyle? Please your occupation and any hobbies or activities that you engage in on most days of the week**

**How many hours a day do you spend watching TV?**

**How many hours a day do children in your family spend watching TV?**

**What type of activities do you and your family enjoy to keep active?**

**Please briefly describe the area where you and your family are able to exercise (small back yard with steps, Public Park with play equipment / fitness equipment, large bedroom, gym etc)**

**Please list any equipment you can access for exercise? (it does not need to specifically be exercise equipment; balls, bats, skipping ropes, weights, hoola-hoops, swiss ball)**

**How have your and your families weight changed in the past 12 months (excluding normal child growth)?**

**What do you think is a realistic/ ideal weight for you and/or your family members?**

**How long has it been since you/ your family members have been at their ideal weight?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate | **Always/ Daily** | **Mostly/ Most days** | **Sometimes/ Some days** | **Never** |
| **How often water is your /your families drink of choice?** |  |  |  |  |
| **How often do you / your family consume sugary drinks?** |  |  |  |  |
| **How often do you/ your family consume alcohol?** |  |  |  |  |
| **How often do you/ your family consume 2+ serves of vegetables? (serve = 1 cup salad, ½ cooked veg)** |  |  |  |  |
| **How often do you/ your family consume 1+ serves of fruit?** |  |  |  |  |
| **How often do you/ your family consume wholegrain varieties of bread, pasta, cereal?** |  |  |  |  |
| **How often do you/ your family consume low fat/ reduced fat milk, cheese and yoghurt?** |  |  |  |  |
| **How often do you/ your family eat processed meat? (sausages, deli meats, frozen burgers, chicken nuggets etc)** |  |  |  |  |
| **How often do you/your family eat fish? (including tin tuna)** |  |  |  |  |
| **How often do you have ‘meat free’ days?** |  |  |  |  |
| **How often do you/ your family consume ‘extra’ food? (lollies, chips, chocolate, take away, flavoured coffee with syrups/cream etc, ice cream** |  |  |  |  |

**Any other additional information which may assist us to provide a quality service?**

**I ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on behalf of myself and my family understand that the services provided by The Kids Menu are for general health purposed and not intended as medical advice or treatment. I accept the terms of this service as detailed in The Kids Menu** [**Disclosure Policy**](http://thekidsmenunutritionandfitness.weebly.com/disclaimer.html)**.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*If you have a medical condition please speak with your doctor**