

Please complete the following questionnaire and bring it to your Nutrition Consultation

Client Name: _____ Email: _____

Please only select the foods that you enjoy and are likely to eat most often.

Lean Meats/Seafood

- Chicken Breast, boneless, skinless
- Beef, Eye of Round, Flank Steak
- Turkey Breast, boneless, skinless
- Turkey, Ground
- Chicken, Ground
- Salmon, canned
- Salmon, Steak
- Tuna, Canned in water
- Tuna, Steak
- Egg Whites
- Egg Substitute (Eg, Egg Beaters)
- Whole Egg
- Shrimp
- White Fish (cod, sole, halibut, etc)
- Protein Powder

Dairy

- Milk, skim
- Milk, 1%
- Milk, Soy
- Yogurt
- Low-fat Cheese
- Cottage Cheese, low-fat

Carbohydrates

Grains, Breads, Cereals, etc.

- Pita, whole wheat
- Bread, whole wheat
- Pasta, whole wheat
- Rice, brown
- Rice, white
- Shredded Wheat
- Fiber One
- Rice Cakes
- Oatmeal
- Popcorn
- Sweet Potato or Yam
- Potato
- Peas
- Corn
- Pickles

Fats

- Natural Peanut Butter
- Almonds
- Peanuts
- Flax Seed oil
- Flax Seed, ground
- Avocado
- Low-fat Salad Dressing
- Olive or Canola Oil
- Low-fat Mayonnaise

Fibrous Vegetables

Any and all vegetables are ok. Serving sizes will be given with meal plan.

Vegetarian Protein Sources

- Soy Burgers
- Soy Dogs
- Garden Burgers
- Soy, Ground
- Tofu
- Beans, mixed
- Chickpeas

Fruits

- Apple
- Banana
- Blueberries
- Strawberries
- Pineapple
- Grapefruit
- Oranges
- Pear
- Peaches

Other

Please use this space to indicate any special requests, preferences, or foods not listed:
