THE OREGON CLINIC

Nutrition Services – Patient Questionnaire

Please list your health concerns and goals for today's visit:

Supplements

Please list any supplements (vitamins, minerals, probiotics, herbs, or other) that you take regularly:

Digestive Health History

Please indicate how often you experience the following symptoms: (check one for each)

Abdominal pain	❑ Often	❑ Sometimes	❑ Rarely
Bloating	❑ Often	❑ Sometimes	❑ Rarely
Constipation	❑ Often	❑ Sometimes	❑ Rarely
Diarrhea	❑ Often	❑ Sometimes	❑ Rarely
Gas	❑ Often	❑ Sometimes	❑ Rarely
Heartburn	❑ Often	❑ Sometimes	❑ Rarely
Nausea	❑ Often	❑ Sometimes	❑ Rarely
Loss of Appetite	❑ Often	❑ Sometimes	❑ Rarely
Vomiting	❑ Often	❑ Sometimes	❑ Rarely

Do you have any food allergies or intolerances? ❑ Yes ❑ No

If yes, please explain:

How often do you have a bowel movement? _____

Check if you have any of the following GI related conditions:

❑ Allergies (please specify): _____

❑ Anemia
❑ Anxiety
❑ Diabetes
❑ Eating disorder or disordered eating
❑ Irritable Bowel Syndrome (IBS)
❑ Arthritis / Joint pain
❑ Depression
❑ Inflammatory Bowel Disease
❑ Kidney stones / Gallstones
❑ Thyroid condition
❑ Skin condition (eczema, dermatitis, psoriasis, hives)
❑ Other: _____

Please check all that apply:

❑ I have a family history of digestive issues
❑ I have high stress levels
❑ I sleep less than 6 hours per night
❑ I do not exercise
❑ I do not eat fermented foods
❑ I dislike vegetables
❑ I use antacids regularly (past or present)
❑ I need antibiotics regularly (past or present)
❑ I use non-steroidal anti-inflammatory medication regularly (past or present)

Food History

How many meals do you eat per day? ❑ 1 ❑ 2 ❑ 3 ❑ More than 3

Do you skip meals often? ❑ Yes ❑ No

Do you follow a special diet? ❑ Yes ❑ No

If yes, please describe: _____

What beverages do you drink? (mark all that apply)

❑ Water	Ounces Daily: _____	❑ Coffee	Ounces Daily: _____
❑ Sparkling Water	Ounces Daily: _____	❑ Tea	Ounces Daily: _____
❑ Juice	Ounces Daily: _____	❑ Regular Soda	Ounces Daily: _____
❑ Milk	Ounces Daily: _____	❑ Diet Soda	Ounces Daily: _____

Do you drink alcohol? ❑ Yes ❑ No If yes, describe: _____

Do you have trouble accessing healthy foods? ❑ Yes ❑ No

Who does the grocery shopping and meal preparation? _____

Do you like to cook? ❑ Yes ❑ No

Eating style: (mark all that apply)

❑ Fast Eater
❑ Negative relationship with food
❑ Feeling disgusted or guilty after overeating
❑ Travel frequently
❑ Eat to maintain weight or image
❑ Mindless eater
❑ Late night eater
❑ Do not plan meals
❑ Confused about nutrition and/or diets

Please describe a typical day of eating

Breakfast	Lunch	Dinner
Snack	Snack	Snack

Are you ready to change the way you eat? ❑ Yes ❑ No

Patient Signature: _____ Date: _____

NUTR Services, Revised September 2022

THE OREGON CLINIC

Notice of Availability

If you speak another language, free language assistance services and appropriate auxiliary aids and services are available to you. Let us know how we can help.

Spanish

Si usted habla español, hay disponibles para usted servicios gratuitos de asistencia de idiomas y dispositivos y servicios auxiliares adecuados. Infórmenos cómo podemos ayudarlo.

Vietnamese

Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các phương tiện và dịch vụ hỗ trợ phù hợp dành cho quý vị. Xin hãy cho chúng tôi biết cách chúng tôi có thể trợ giúp cho quý vị.

Chinese

如果您说 中文，我们可提供免费的语言帮助，以及适当的辅助援助和服务。 请告知我们，您需要什么样的帮助。

Russian

Если вы говорите на русском, мы можем предоставить бесплатно помощь на вашем языке, а также и соответствующие вспомогательные средства и услуги. Сообщите нам, как мы можем помочь.

Korean

한국어 를 구사하시는 경우 무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 이용할 수 있습니다. 어떻게 도와드릴 수 있는 지 알려주세요.

Ukrainian

Якщо ви розмовляєте цією мовою: українська, то можете отримати безкоштовну допомогу й послуги, зокрема мовні. Повідомте нам, чим ми можемо допомогти.

Japanese

日本語を話される方は、無料の言語支援サービスや適切な補 助器具やサービスをご利用いただけます。 私たちがどのようにお手伝いできるかお知らせください。

Arabic

إذا كنت تتحدث [العربية]، فستتوفر لك الخدمات المجانية بشأن المساعدة اللغوية مع المعونات الملائمة والخدمات المساعدة. دعنا نعرف كيف يمكننا مساعدتك.

Romanian

Dacă vorbiți română, serviciile gratuite de asistență lingvistică și ajutoarele auxiliare adecvate sunt disponibile pentru dumneavoastră. Informați-ne cum vă putem fi de ajutor.

Thai

ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาฟรี รวมถึงความช่วยเหลือและบริการเสริมที่เหมาะสมแก่คุณ แจ้งให้เราทราบว่าเราสามารถช่วยได้อย่างไร

German

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Teilen Sie uns mit, wie wir helfen können.

Persian

اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان زبانی و وسایل و خدمات کمکی مناسب در دسترس شما هستند. به ما اطلاع دهید که چگونه می‌توانیم کمکتان کنیم.

Somali

Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah iyo kaalmooyinka iyo adeegyada ku habboon ayaa diyaar kuu ah. Nala soo socodsii sida aan u caawin karno.

French

Si vous parlez français, des services d'assistance linguistique gratuits et des aides et services auxiliaires appropriés sont à votre disposition. Dites-nous comment nous pouvons vous aider.

Khmer

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាខ្មែរដោយឥតគិតថ្លៃ និងឧបករណ៍ជំនួយនិងសេវាជំនួយសមស្របមានសម្រាប់អ្នក។ សូមអនុញ្ញាតឱ្យយើងដឹងថាតើយើងអាចជួយអ្នកបានដោយរបៀបណា។

May 30, 2025