



NUTRITION INFORMATION SHEET

071417

Please answer the following questions to assist us in customizing your Wellness Plan

Name: _____ Date: _____

Have you ever been tested for food allergies, (IgE immediate reaction), blood test or skin prick test?

Yes No

If YES, please list the foods that you tested positive to: _____

Would you like the foods that you have listed above to be removed from your Wellness Plan?

Yes No

Please check one (or more) from the list below if you follow any specific dietary practices:

- Casein Free: avoids cow's milk, cheese and dairy products
- Gluten Free: avoids grains containing gluten
- Kosher: follows Jewish dietary guidelines
- No Red Meat: consumes poultry, fish and dairy products only
- Pescatarian: consumes fish, eggs and dairy products only (no meat, no poultry)
- Vegetarian: consumes dairy products and eggs only (no meat, no poultry, no fish)
- Vegan: consumes plant foods only - no animal products at all
- Paleo diet: consumes meat, poultry, fish, nuts, fruits and vegetables only (no grains)

Any other dietary practices: _____

Is there any other information that would be helpful to us in preparing your Wellness Plan? _____
