

Lynn Victory, MA, RD, LD
at the Cottage
710 Pettigru Street
Greenville, SC 29601
(864) 271-1199

PLEASE COMPLETE THIS QUESTIONNAIRE & BRING TO YOUR FIRST APPOINTMENT.

Today's Date		Your Full Name
<hr/>		
DOB	Age	Email
<hr/>		
Address		City/State/Zip
<hr/>		
Phone (Home)	(Work)	(Cell)
<hr/>		
Emergency Contact	Relationship	Phone
<hr/>		
Referral Source		
<hr/>		
Physician	Phone	
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Therapist (if applicable)	Phone	
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Psychiatrist (if applicable)	Phone	
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Other:		
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I give Lynn Victory or Cynthia Thomas permission to contact the above if necessary to discuss my therapy.

Signature

Date

MEDICAL HISTORY

Describe any serious or longstanding illness you have had in your life.

List any surgeries and their approximate dates.

LIST ANY MEDICATIONS YOU ARE TAKING AT THIS TIME

NAME OF MEDICATION	DOSAGE	HOW OFTEN TAKEN

List any medications that have caused you to experience severe side effects (but not allergic reactions):

EDUCATION & EMPLOYMENT

Education

- Did not complete High School
 Completed High School
 Completed business/technical training
 Completed College
 Completed Graduate

Occupation: _____

What do you do for fun/recreation? (include hobbies, social activities, clubs, special interest groups, etc)

What are your strengths? (include skills and talents that it takes to be good at the activity/hobby and other qualities you may possess such as patience, quick thinking, persistence, attention to detail, etc.)

What areas of your life are most satisfying to you (career, parenting, friendships, etc.)

GOALS AND EXPECTATIONS

Describe your goal(s) for nutrition therapy

During the coming weeks, what support systems will be available to help you deal with these problems:

- Friends
 Spouse/Relatives
 Neighbors
 Church
 Specify other:

