



# FEEDING FOUNDATIONS

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## Case history form – Adults

Name:	Date of birth:	Date:
Referred by (if relevant):		
<b>THINKING ABOUT MY EATING OVERALL</b>		
One thing I would like to keep doing is:		
One thing I would like to do differently is:		
<b>MY EATING STYLE</b>		
My eating pattern is usually (circle your usual pattern):		
Meal   Snack   Snack   Meal   Snack   Snack   Meal   Snack   Snack		
My speed of eating is usually:		
Very fast   fast   medium   slow   it varies		
Other activities I do when I am eating include:		
Watch TV   computer/ipad   read   household tasks   driving		
Standing/walking   shopping   other _____		
<b>NON HUNGRY EATING</b>		
Do I ever eat when I am not physically hungry?		
Never   Occasionally   Often   daily		
How much of my eating is non-hungry eating?		
All of it   about half of it   some of it   none of it		
What might be my reasons for non-hungry eating?		

### MY FOOD GROUPS

I eat from these food groups nearly every day:

Breads and cereals          fruit          vegetables

Meat/chicken/fish/beans          dairy

What is my favourite food from there food groups and why?

What sometimes/small amounts foods do I eat?

What is my favourite food from this group and why?

### DAILY ROUTINE

Please describe a typical daily routine including all mealtimes (e.g. breakfast, snack, lunch, snack, dinner....or other routine). Please include:

- Time of each meal or snack
- Types of foods
- Approximate amounts usually eaten

Thank you for taking the time to complete this form – it provides information about your eating and nutrition prior to your initial consultation. Please return completed form to [kathleen@feedingfoundations.com.au](mailto:kathleen@feedingfoundations.com.au)