



Connect to your Health !!

Psicodiet.Org

sviluppo di programmi alimentari
con supporto psicologico



The compilation of this FORM will make us understand very clearly, not only physically but also how you psychologically as you can help.

The development of the diet will start with the payment of how much request on the website. The entire 15-pages dossier with the psychological and diet will be sent an email to the address on the form or UPS 24/48 hours

PATIENT DETAILS

Date

Name:

Surname:

Professional background:

Email Address:

1 Age:

Height (in cm):

2 Weight in Kg(made in the early morning at fasting):

4 Constitution physical-hexyl-normal-robust

5 In the past has run the diets? NO YES

6 If YES, with drugs? NO YES

BLOOD VALUES (IF YOU KNOW IT)

Glycemia:

CHOLESTEROL TOT:

LDL:

HDL:

TRIGLYCERIDES:

Azotemia:

GAMMA GT:

GOT:

GPT:

7 Someone in his family (parents, uncles, grandparents, brothers and / or sisters) is / was affected by:

Diabetes type 1 NO YES

Cholesterol NO YES

Type 2 diabetes NO YES

Triglycerides NO YES

Hypertension NO YES

Hyperuricaemia NO YES

Celiac disease NO YES

hepatitis NO YES

Hypo /Hyperthyroidism NO YES

8 plays physical activity? YES NO

If YES, what? How many hours per week?

9 smoke? YES NO

If YES How many cigarettes per day?

10 How is your digestion? Good Slow Other:

METABOLIC PATIENT DATA

It has 12 food intolerance? YES NO

If YES, what?

He had 13 checks for any diseases? (Emphasizing the pathology present)

1) Hypertension 2) cardiovascular diseases 3) Hypercholesterolemia

4) hypertriglyceridemia 5) Hyperuricaemia 6) Diabetes

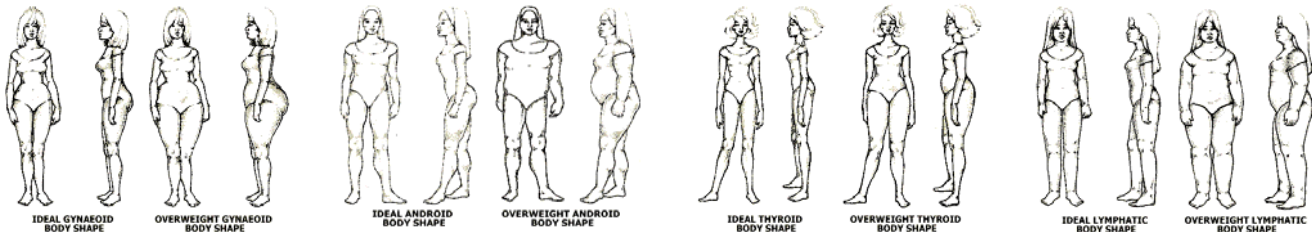
7) Hypo / Hyperthyroidism 8) Calculosis biliary or Renal: 9) Liver disease:

10) More Celiac disease:

14 you take drugs and / or food supplements? YES NO If YES, which ones?

Please indicate your physical shape:

Android Type Gynoid Type Thyroid Type Lymphatic Type



15 How many fruit eaten in one day? Only lunch / Only dinner

16 How many vegetables eaten in one day? Only lunch / Only dinner

Do you have varicose veins? NO YES

18 Do you prefer the sweet or salty?

19 Are you constipated? NO YES

20 Are you anxious or Nervous? YES NO

If you eat that food when nervous? Salted or sweet

22 The air in the form belly: YES NO

23 How much drinking water throughout the day? (liters): - 1 + 1 LT or LT

Do you prefer bread or pasta ?

25 Do you eat quickly? NO YES

26 Do you eat during the night ? NO YES

27 Are you menopause? YES NO If by that age ? _____ years

28 And since those in menopause Kg has added his weight ? _____ Kg

EVALUATION PSYCOMETERS

This part will be evaluated by our psychologist, who will release a psychological profile that attach to the nutritional program

WHY DO THE DIET ?

You see Lousy	True	False
Want to improve your appearance	True	False
you have some trouble	True	False
you feel uncomfortable with others	True	False
you feel more followed	True	False
you have pushed the family	True	False
you feel understood	True	False
Think you're in your home	True	False
you have spoken well of us	True	False

YOUR WEIGHT

HOW TO CONSIDER YOUR WEIGHT

NORMAL *VERY SATISFACTORY* *UNSATISFACTORY* *DISSATISFACTION*

DO YOU THINK TO BE FAT ? YES NO

WHEN YOUR WEIGHT START HIGH ?

BEFORE 10 YEARS OLD *BETWEEN 10 AND 15* *BETWEEN 15 AND 25* *AFTER MARRIAGE*

WAS THERE TRIGGERS EVENTS ? YES NO

ARE YOU ACCEPTED BY YOUR FAMILY ? YES NO

NOTES

“ RECALL 24 HOURS”

FOOD SURVEY "RECALL 24 HOURS"
FILL THIS FORM INDICATING THEIR OWN Attendance

BREAKFAST

Coffee is no No. ___ / day Sugar _____

___gr milk

Yogurt yes no ___

Corn Flakes _____ Bread biscuits n ___ Biscuits _____

Snacks: Q. ty _____ Other _____

Honey Yes no Jam yes no Nutella yes no

Snacks : _____

LUNCH

At Home ___/7gg At Restaurant ___/7gg At Work ___/7gg

First plate: yes no sometimes How many times on 7 days ? _____

2nd plate: yes no sometimes _____ / 7 days

Appetizer: yes no sometimes _____ / 7 days

Bread: yes no sometimes _____ / 7 days

Fruit: yes no sometimes _____ / 7 days

Snacks _____

DINNER

At Home ___/7gg At Restaurant ___/7gg At Work ___/7gg

First plate: yes no sometimes How many times on 7 days ? _____

2nd plate: yes no sometimes _____ / 7 days

Appetizer: yes no sometimes _____ / 7 days

Bread: yes no sometimes _____ / 7 days

Fruit: yes no sometimes _____ / 7 days

“ RECALL 24 ORE”

Frequency Media Weekly

Pizza: yes no How many times on 7 days ?_____

Beverages with gas How many times on 7 days ?_____

Wine YES NO How many times on 7 days ?_____

Beer: YES NO ___cc Alcohol yes no How many times on 7 days ?_____

Sweets: si no How many times on 7 days ?_____ only in special occasions

Ice cream : _____ How many times on 7 days ?_____

Nutella_____ Merendine No. Biscuits No. _____ Altro_____

Main course:

Semolina pasta to sauce How many times on 7 days ?_____

Pasta and vegetables How many times on 7 days ?_____

Pulses Assoluti How many times on 7 days ?_____

Pasta integral How many times on 7 days ?_____

Minestrone How many times on 7 days ?_____

Rice How many times on 7 days ?_____

2nd course:

Red meat (Beef) How many times on 7 days ?_____

White meat (Chicken,Rabbit..) How many times on 7 days ?_____

Pig meat How many times on 7 days ?_____

Blue and white fish How many times on 7 days ?_____

Eggs How many times on 7 days ?_____

Cheese How many times on 7 days ?_____

Raw and cooked ham How many times on 7 days ?_____

Sausages How many times on 7 days ?_____

Canned tuna How many times on 7 days ?_____

OLIVE OIL: _____gr / day SALT: The family is by how many people made up?

How long 1 Liter of Oil:

Check your proportions.

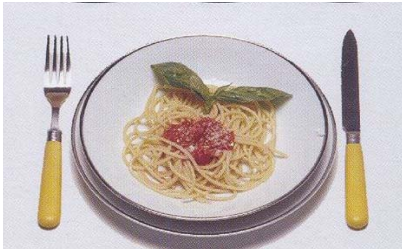
Please tell us what is your daily dish (in size), and second you what is its weight.

PASTA

INDICATE THAT THE COURSE AS SIZE approaches the SERVING YOUR DAILY : _____

INDICATE THE COURSE D, ACCORDING TO YOU, HOW MANY WEIGHT : _____ gr

HE ALSO INDICATED THE COURSE C and F ARE THE SAME WEIGHT: YES NO



A



B



C



D



E



F