



# IDEAL New Patient Packet

## Tips for Your First Appointment

**When scheduling your first appointment, be ready to answer some questions about your child's health.** For example: what are your nutrition concerns? Is your child overweight or underweight? Do they have abnormal lab results? Is there difficulty with feeding, such as picky/selective eating?

**Bring photo identification.** Parents or legal guardians must be with the child at all times, or must provide a written permission form if someone else, 18 years and older, bring the child to the appointment.

**Important documents we will need:** Insurance card, Referrals, and co-pay. Private insurance, Medicaid and nearly every insurance plan is accepted, but still double check coverage for nutrition services with your insurance provider.

**Bring your child's medical history.** Share any notes from your child's primary doctor, growth charts, food records, and other documents which have important information about your child's condition, medications, and treatments.

**Find out if your child needs lab work.** Your primary doctor may require blood work be taken prior to your first appointment. Please bring a copy of the lab work results to your child's first nutrition appointment.

**Schedule follow-up visits before you leave.** This will ensure your child receives timely medical care.

**Fill out the Nutrition Questionnaire  
& 3-Day Food Record below  
and bring to your first appointment**

# Nutrition Questionnaire

Please complete this questionnaire to the best of your ability to help us better serve you.

<b>Child's Name</b>	
<b>Current Diet and Physical Activity</b>	
<b>Please list any <u>healthy</u> dietary habits you currently practice:</b>	
<b>Please list a few dietary habits you hope to <u>improve</u>:</b>	
<b>My current <u>weekly physical activity</u> regimen is:</b>	
<b>What resources do you have access to for physical activity?</b> <i>This includes home exercise equipment, nearby parks, gyms, community centers, camps, etc.</i>	
<b>How often do you <u>watch TV, play video games, or look at your phone/tablet</u> per day?</b>	Week Days: <input type="checkbox"/> Less than daily <input type="checkbox"/> 0-2 hours per day <input type="checkbox"/> 2+ hours per day Weekends: <input type="checkbox"/> Less than daily <input type="checkbox"/> 0-2 hours per day <input type="checkbox"/> 2+ hours per day

<b>Food Resources</b>	
Within the past 12 months, we were worried whether our foods would run out before we got money to buy more.	<input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True
Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.	<input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True
Do you receive food assistance from Women, Infants, and Children (WIC) or Supplemental Nutrition Assistance Program (SNAP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Instructions for 3-Day Food Record

1. **Please record all foods your child has eaten within the last 3 days.** Include any meals, snacks, beverages, or vitamin/herbal supplements.
2. **Try to use standard measurements when estimating the amount of food eaten.** For example, use teaspoon or tablespoon instead of bites, and ounces or cups instead of “a glass.”
3. **Don’t forget to include any extras that you add to food** such as margarine, butter, mayonnaise, gravy, ketchup, sugar, syrup, or cream.
4. If your child attends school, summer camp or daycare, please gather information regarding what they eat during the day.
5. Refer to the below EXAMPLE food record attached for guidance.

**EXAMPLE**

Date: \_\_\_\_\_

<b>Date and Time of Day</b>	<b>Foods and Drinks Offered</b> <i>*Please include brand names and types of food as well as ingredients added to recipes</i>	<b>Amount/Portion Consumed</b> (i.e. 1 Cup, 4 oz)	<b>Method of Measurement</b> (measuring cup, spoons, scale)	<b>RD Use Only</b>
8:30 AM	Cheerios	1 Cup	Measuring cup	
	2 % milk	6 oz	Measuring cup	
	½ of a large banana	½ of banana	Cut in half	
	6 oz of orange juice	6 oz	Measuring cup	
1:00 PM	whole wheat bread for ½ turkey/cheese sandwich	1 slice	Food label	
	1 Slice Deli Turkey	1 oz	Food label	
	1 Slice American Cheese	1 oz	Food label	
	Mayonnaise	1 tsp	Measuring spoon	
	Potato Chips	15 Chips	Counted	
3:00 AM	Ritz Crackers	6	Counted	
	Mozzarella Cheese stick	½ ounce	Food label	
6:00 PM	Macaroni pasta	1 Cup	Measuring cup	
	Jarred tomato sauce, Ragu	½ Cup	Measuring cup	
	Beef Meatballs	2 – 1 ounce each	Food label	
	Broccoli	½ Cup	Measuring cup	
	2 % Milk	8 oz	Measuring cup	
	Chocolate Pudding made with 2 % milk	1 Cup	Measuring cup	

### My Food Record

Date: \_\_\_\_\_

Time of Day	Foods and Drinks Offered <i>*Please include brand names and types of food as well as ingredients added to recipes</i>	Amount/Portion Consumed (i.e. 1 Cup, 4 oz)	Method of Measurement (measuring cup, spoons, scale)	RD Use Only

**My Food Record**

Date: \_\_\_\_\_

<b>Time of Day</b>	<b>Foods and Drinks Offered</b> <i>*Please include brand names and types of food as well as ingredients added to recipes</i>	<b>Amount/Portion Consumed</b> (i.e. 1 Cup, 4 oz)	<b>Method of Measurement</b> (measuring cup, spoons, scale)	RD Use Only

**My Food Record**

Date: \_\_\_\_\_

Time of Day	Foods and Drinks Offered <i>*Please include brand names and types of food as well as ingredients added to recipes</i>	Amount/Portion Consumed (i.e. 1 Cup, 4 oz)	Method of Measurement (measuring cup, spoons, scale)	RD Use Only



# COUNTDOWN TO GOOD NUTRITION

**5**

**Eat 5 servings of non-starchy vegetables and fruit**

Make 1/2 your plate vegetables and fruit  
Limit Starchy vegetables such as beans (not green beans), potatoes, peas and corn like a grain food



**4**

**Drink 4 large glasses/bottles of water each day**

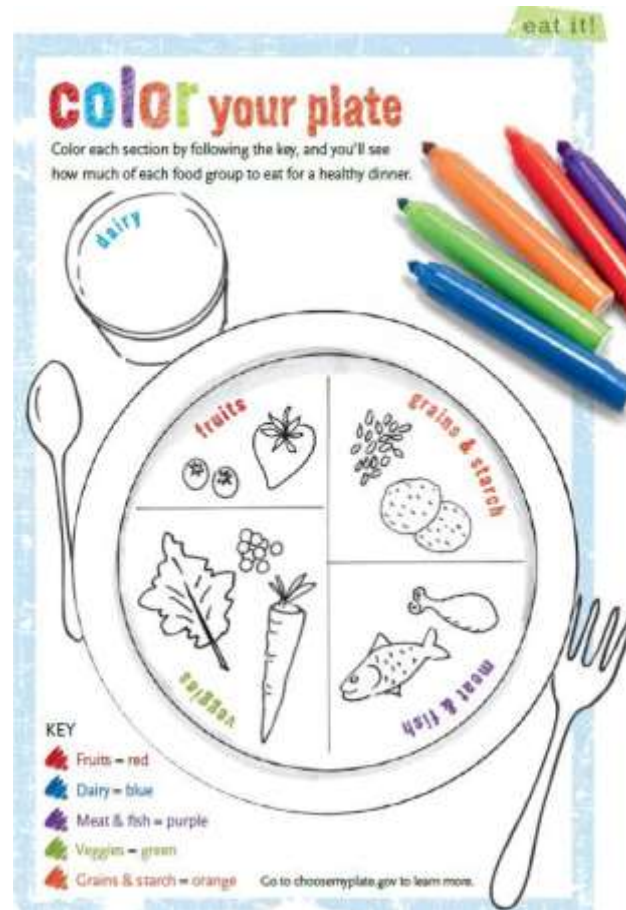
Drink only water, white, low-fat or fat-free milk and drinks with 10 calories/serving or less



**3**

**Eat 3 balanced meals per day (and healthy snacks in between)**

Eat a healthy breakfast  
Avoid high-fat and high-sugar snacks  
Eat meals and snacks at the table with TV off  
Limit eating out  
Have family meals several times a week  
Slow down when you eat! It takes at least 20 minutes to feel full



**2**

**Limit screen time (TV, computer videogames) to 2 hours per day**

Remove TV from child's bedroom



**1**

**Children and teens should do 1 hour or more of sweaty physical activity each day**

Start out by doing a fun activity for at least 20 minutes, 5 days per week. It is always better to do activity with a buddy! Do activities together with your family.

Increase physical activity by: walking briskly outside, biking, swimming, raking or shoveling snow, join a sports team, do an exercise video or game or turn on music and dance!



**0**

**Zero sugary drinks (soda, lemonade, sweetened iced tea, sports drinks, juices)**

They have too many calories and may cause weight gain

