

# Family Allergy

## Asthma, Immunology & Sinus Center

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### Enlightened Nutrition Analysis

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

To optimize your health and minimize unnecessary medication, please provide as much information so we can serve you better.

I am not interested or ready to talk about **Diet** or **Exercise** at this point. I rather focus on other areas of my health. **(Skip Questionnaire)**

I agree with Hippocrates who said, "With the right food medicine is of no need, with the wrong food medicine is of no use." I am trying to understand my body and I am focusing on eating better, I have a lot of questions, and need help with the following:

Lose weight  More energy  Prevent problems/Improve General Health  Sleep better  Anti-Aging Support  Improve digestion  
 What is your ideal body weight? \_\_\_\_\_ lbs (What you weighed at 16-21) Current weight? \_\_\_\_\_ lbs How many years at your current weight? \_\_\_\_\_

#### **Identifying your health goals: (Please use this chart to answer questions below 1-3)**

| -5  | -4                                       | -3  | -2  | -1  | 0   | +1                     | +2                            | +3                            | +4                                | +5   |
|---|--|---|---|---|---|------------------------|-------------------------------|-------------------------------|-----------------------------------|--|
| I have very serious concerns about my overall health. | I feel worried about my health concerns. | I have health concerns that affect me on a daily basis. | I have constant challenges that affect my health. | I have some minor complaints about my health. | I feel ok about my health with no complaints. | I feel good most days. | I feel well on a daily basis. | I feel energetic and healthy. | I feel active, energetic and fit. | I feel great and am proactive about my health. |

1. What number best describes how you feel about your health today? \_\_\_\_\_ What health goal do you want to achieve? \_\_\_\_\_

2. Your commitment to achieving your goals is? (Scale of 1-10) \_\_\_\_\_

3. Do you have a positive Psycho-Social support system (happy relationship with family, spouse or partner) Yes / No, If not how do you plan to change this to optimize your health? \_\_\_\_\_

#### **Please Tell Me Your Dietary Preferences**

What type of diet allows you to perform at your best? Vegetarian / Flexitarian / Atkins / Paleo / Mediterranean / Other: \_\_\_\_\_

My favorite meal of the day is? Breakfast / Lunch / Dinner  I never eat Breakfast  I only eat Dinner / Lunch  I snack all day

I am lactose sensitive (can't eat dairy)

I avoid gluten (wheat) / I have celiac disease  I am not allergic to wheat, but I choose to avoid it because: \_\_\_\_\_

I take? Multivitamins / Probiotics / Enzymes

#### **Best Nutritional Choices: 8 Building Blocks-Protein, Good Carbs, Healthy Fats, Vitamins, Minerals, Fiber, Enzymes, Probiotics**

| <b>Excellent (My body is a "temple")</b>   | <b>Fair</b>   | <b>Poor (My body is a "toilet")</b>  |
|--|---|--|
| <b>I work hard at feeding my body the right food</b><br><input type="checkbox"/> >7 servings of veggies/day<br><input type="checkbox"/> >3 servings of fruit/day                 | <b>I am too busy to feed my body right</b><br><input type="checkbox"/> 3-5 servings of veggies/day<br><input type="checkbox"/> 1-2 servings of fruit/day            | <b>I don't know my body well enough to feed it.</b><br><input type="checkbox"/> <3 servings of veggies/day<br><input type="checkbox"/> <1 serving of fruit/day |
| <b>Lean Protein</b> (1-2 servings/day)<br><input type="checkbox"/> I avoid all animal products<br><input type="checkbox"/> Flexitarian (Mostly veggies, Minimal animal products) | <b>Protein in Moderation</b><br><input type="checkbox"/> Meat _____ times/week<br><input type="checkbox"/> Poultry _____ times/week                                 | <b>Protein Mostly</b><br><input type="checkbox"/> Meat _____ times/day<br><input type="checkbox"/> Poultry _____ times/day                                     |
| <b>Seafood / SMASH(Sardines,Mackerel,Anchovies,Sockeye Salmon,Herring)</b>   |   |  |
| <input type="checkbox"/> 2-3 servings of SMASH/week<br><input type="checkbox"/> I do Fish Oil 1-3 caps/day   | <input type="checkbox"/> 1-2 servings of SMASH/week<br><input type="checkbox"/> Fish Oil _____ Flaxseed<br><input type="checkbox"/> I eat other Seafood (Not SMASH) | <input type="checkbox"/> I don't eat SMASH<br><input type="checkbox"/> I don't like Fish Oil / Flaxseed  |
| <b>Complex Carbohydrates</b><br><input type="checkbox"/> I Limit (Bread, Rice, Pasta) <1-2 servings/day  | <b>Carbohydrates</b><br><input type="checkbox"/> I eat _____ servings of carbs daily  | <b>Simple Carbohydrates</b><br><input type="checkbox"/> I Love Carbs<br><input type="checkbox"/> Refined Carbs ( White Foods)                                  |
| <b>Dairy</b><br><input type="checkbox"/> I avoid whole milk & use substitute only (Almond, Coconut, etc.)<br><input type="checkbox"/> I only do Organic Dairy                    | <b>Dairy</b><br><input type="checkbox"/> I have dairy in moderation 2-3 servings/day  | <b>Dairy</b><br><input type="checkbox"/> I love cow's milk and have dairy 4-5 times/day  |
| <b>Artificial Sweeteners</b><br><input type="checkbox"/> I avoid it<br><input type="checkbox"/> I only do Stevia / Splenda   | <b>Artificial Sweeteners</b><br><input type="checkbox"/> I try to avoid, but I have it 2-3 times/day (Equal, Sweet N Low)   | <b>Artificial Sweeteners</b><br><input type="checkbox"/> I love sugar >3 times/day   |
| <input type="checkbox"/> I Avoid It<br><input type="checkbox"/> 90% of my food is home cooked  | <b>Fast Food</b> (McDonalds,InNout,Rubios,etc.)<br><input type="checkbox"/> I eat it 1-2 times/week<br><input type="checkbox"/> I eat 50% of my food from home      | <input type="checkbox"/> I eat it >3-5 times/week<br><input type="checkbox"/> I eat out >1 meal a day, most days/week  |
| <b>Cooking</b><br><input type="checkbox"/> I have a magical cooking ability & love to cook   | <b>Cooking</b><br><input type="checkbox"/> I cook when I can  | <b>Cooking</b><br><input type="checkbox"/> I still need to learn how to cook   |
| <b>Alcohol</b><br><input type="checkbox"/> Socially (0-2 drinks/week) Beer / Wine / Liquor   | <b>Alcohol</b><br><input type="checkbox"/> 2-5 drinks/week (Beer / Wine / Liquor)   | <b>Alcohol</b><br><input type="checkbox"/> >10 drinks/week (Beer / Wine / Liquor)  |
| <b>Caffeine</b><br><input type="checkbox"/> 0-2 cups/day (Soda / Tea / Coffee)   | <b>Caffeine</b><br><input type="checkbox"/> 2-4 cups/day (Soda / Tea / Coffee)  | <b>Caffeine</b><br><input type="checkbox"/> >4 cups/day (Soda / Tea / Coffee)  |

**Short Term Goals: (Become Warrior of Healthy Eating)**

**Long Term Goals: (Buffer Disease & Defy your Genes)**

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