**NOME**

**COGNOME**

GRUPPO SANGUIGNO

DATA DI NASCITA

CODICE FISCALE

INDIRIZZO DI RESIDENZA

PESO

ALTEZZA

CIRCONFERENZA VITA (all’ombelico)

CIRCONFERENZA FIANCHI (alle creste iliache, alle ànche)

CIRCONFERENZA COSCIA (a metà tra l’inguine e il ginocchio)

CIRCONFERENZA COLLO (circa a metà)

PATOLOGIE – indicare anche gli organi asportati (se non ve ne sono si può lasciare in bianco) – se possibile allegare i referti inviandoli alla mail cristinacoccia.nutrizionista@gmail.com

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VALORI EMATOLOGICI (fuori dal range della normalità) – se possibile allegare i referti inviandoli alla mail cristinacoccia.nutrizionista@gmail.com

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ESIGENZE PARTICOLARI (PASTO FUORI CASA O IN MENSA)

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ALIMENTI POCO TOLLERATI O NON GRADITI

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COLAZIONE ANCHE SALATA? (apporre una X rossa accanto alla propria scelta)

SI NO

**COSA MANGIA ABITUALMENTE ADESSO?** (se solitamente si salta uno dei pasti non indicare nulla)

*COLAZIONE*

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*SPUNTINO AM*

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*PRANZO*

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*SPUNTINO PM*

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CENA

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