



Dental-Nutrition Intake Form

Biologic Dentistry and Whole-Body Health
 Anthony Trovato, MSACN, MNM, LMT

Personal Information

Current Date: _____ Date of Birth: _____ Age: _____

Full Name: _____

Email address: _____

Occupation

Employment Status: Full Time Part time Not Employed

Place of Employment/Occupation _____

Type Work: Light Activity (Desk Job) Medium Activity (On feet most of day) High Activity (Manual Labor)

Health and Nutrition History

Height _____ Current Weight _____ Desired Weight _____

Please list any dental or health related concerns, issues, *symptoms, conditions, or diseases.*

1. _____ Length of time _____
2. _____ Length of time _____
3. _____ Length of time _____
4. _____ Length of time _____
5. _____ Length of time _____

List any ***vitamins, herbs, supplements, and/or homeopathic remedies*** you are taking.
 Please specify if they were recommended by your practitioner or if you are taking them on your own.
 (Attach separate sheet if needed.)

Circle One

- | | | | | |
|----------|-------------|--|--------------|------|
| 1. _____ | Dose: _____ | | Practitioner | Self |
| 2. _____ | Dose: _____ | | Practitioner | Self |
| 3. _____ | Dose: _____ | | Practitioner | Self |
| 4. _____ | Dose: _____ | | Practitioner | Self |
| 5. _____ | Dose: _____ | | Practitioner | Self |
| 6. _____ | Dose: _____ | | Practitioner | Self |

Nutritional Assessment

Do you regularly skip meals? Y N Which meals? On purpose? _____

Do you follow any specific diet / way of eating? (Paleo, Keto, MMT, Vegetarian, Vegan, Atkins, Other?) _____

Do you have any current dietary restrictions or foods you avoid? _____

How often do you choose **organic** fruits and vegetables and **grass-fed/cage-free** animal products?

Never Sometimes As much as I can (when it is available) What does this question mean?

Do you use artificial or alternatives sweeteners like Aspartame, Saccharin, Honey, Agave, Stevia instead of sugar?
If so, which ones _____

How much water do you drink per day? _____

What is your drinking water source? (Circle)

Tap Bottled Carbon Filtered Reverse Osmosis Distilled Well Alkaline Ionizer

Please specify how many of the following you drink *per week*: (example: 1 a day would be 7 per week)

_____ Alcohol
_____ Coffee
_____ Green/Herbal tea
_____ Soda

_____ Diet soda
_____ Fruit Juice
_____ Energy drinks (Red Bull, Monster, etc.)
_____ Sports drinks (Gatorade, Powerade, etc.)

Typical 3-Day Dietary Intake (MOST IMPORTANT PART OF INTAKE FORM)

Please include all food and drink. I am looking for trends as well as specific things. The purpose of this is not to critique your diet (although you may ask me any questions you'd like). The purpose is to see if there are certain things being included or excluded from your daily intake that specifically influence dental health. Thank you for your time and effort put into this.

This form can be completed as a journal – filled out as you eat the foods for 3 days, or it can be completed as a typical intake – filled out immediately, listing (**as truthfully as possible**) all the foods you usually would eat throughout the day.

DAY 1

Breakfast:

Lunch:

Dinner:

Snacks:

DAY 2

Breakfast:

Lunch:

Dinner:

Snacks:

DAY 3

Breakfast:

Lunch:

Dinner:

Consent and Signature

I consent to a basic nutritional consult focused on balancing oral pH for an environment better able to remineralize teeth and promote gum health naturally. I understand that excessive acidity fosters biofilm production and bacterial overgrowth in the mouth, plaque formation, decay, and periodontal disease as well as systemic imbalance, immune compromise and inflammation. The goal for both of us is to create a stable oral environment to break into the realm of preventative dentistry. Decay prevention and longevity of dental restorations cannot be optimally obtained through home and professional care alone. Nutrition is the missing link, and it is the goal of Meetinghouse Dental Care to put all the pieces of the puzzle together.

I understand that Trovato Nutrition and Meetinghouse Dental provide education and advice, but it is ultimately my responsibility to make an educated decision based on the information combined with my personal situation and health. I always have the final decision to follow advice or not.

Please note: If you are currently under the care of a nutritionist or integrative health practitioner, wonderful! Our goal with this nutritional intake form is to provide information on nutrition and dental care and how it relates to the oral environment for optimal ease of dental revision and preventative dentistry going into the future. In no way will it contradict or interfere with your current care.

If I am not currently under a nutritionist's care and wish advice beyond initial basic counseling designed to balance oral pH for dental revision, I understand I can request follow-up sessions.

Patient Print Name _____

Patient Sign Name _____

Date _____

