Last Name First Name	Study ID #	VR		Study Coordinator Section			
Cast Name Cast	Date of First Visit	/ /		Coord. Name			
First Name Birth Date Sex Female Male Inches Inc			_	Place X on what you need. Upload			
Sex	Last Name			document with all meal orders in			
Female	First Name			CRC ACCESS schedule.			
Height Weight Inches pounds 1 = not currently or walk to store at least 3 times per week Please tell us how physically active you are so that we can accurately determine your energy (calorie) needs: We want to tailor your diet to your health needs - Although we can not accommodate ALL dietary requests. Place X in the box if you have any of the following: YES, I have this Do you have food allergies that cause hives / rash / anaphylactic type reactions? Do you have difficulty swallowing foods or beverages? Do you have difficulty chewing solid foods? Do you follow a vegetarian or vegan diet? Are there specific foods/beverages that you cannot have? Please place X in the box for foods that are not allowed: NOT ALLOWED Elegumes_beans_pea_foods Dorok, ham foods Dorok, ham	Birth Date	/ /		menu develpmt	diet instruction	Date:	
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