

CAN
CLINICAL
NUTRITION
HELP ME?

NAME: _____

AGE: _____ PHONE: _____

EMAIL: _____

DO YOU CURRENTLY EXPERIENCE ANY SYMPTOMS OR HAVE ANY MEDICAL CONDITIONS? IF YES, WHAT ARE THEY?

DO YOU CURRENTLY TAKE ANY MEDICATIONS? IF YES, WHAT ARE THEY? _____

WHAT TREATMENTS HAVE YOU PREVIOUSLY TRIED FOR YOUR SYMPTOMS? IE. SPECIALISTS / MEDICATIONS / SUPPLEMENTS ETC? _____

DO YOU EXPERIENCE ANY INDIGESTION AFTER MEALS? Y / N

DO YOUR STOOLS MOVE 1 – 3 TIMES DAILY? Y / N

IS THE COLOURING OF YOUR STOOL SIMILAR TO DARK CHOCOLATE, MILK CHOCOLATE OR MUSTARD YELLOW? (PLEASE CIRCLE)

HAVE YOU NOTICED ANY UNDIGESTED FOODS IN YOUR STOOL? Y / N IF YES, WHAT ARE THEY?

DO YOU FEEL 'EVACUATED' AFTER A MOTION? Y / N

DO YOU FEEL BLOATED AFTER CERTAIN FOODS? Y / N IF YES, WHICH FOODS? _____

DO YOU EXPERIENCE EXCESSIVE PAIN DURING YOUR MENSTRUAL BLEED? Y / N

IF YES, DO YOU REQUIRE MORE THAN 2 TABLETS OF PAIN RELIEF MORE THAN ONCE? Y / N

ARE YOUR CYCLES REGULAR? Y / N IF NO, WHAT IS YOUR 'NORMAL'? _____

DO YOU EXPERIENCE COLD OR FLU LIKE SYMPTOMS MORE THAN 2 – 3 TIMES PER YEAR? Y / N

HOW LONG DOES IT TAKE FOR YOU TO COMPLETELY RECOVER FROM A COLD OR FLU?

DO YOU FEEL 'RUN DOWN' MORE OFTEN THAN YOU FEEL IS 'NORMAL'? Y / N

DO YOU OFTEN FEEL OVERLY TIRED FOR NO PARTICULAR REASON? Y / N

WHAT DOES YOUR DAY TYPICALLY LOOK LIKE IN MEALS?

BREAKFAST: _____

LUNCH: _____

DINNER: _____

SNACKS: _____

BEVERAGES: _____

ARE YOU ENQUIRING TO BOOK AN APPOINTMENT WITH SARA? Y / N

IF YES, WHICH UPCOMING DATE AND TIME SUITS YOU BEST? _____

PLEASE COMPLETE THIS FORM AND RETURN VIA EMAIL TO

sara@wholenourishment.com.au

YOUR INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL AND WILL BE ASSESSED TO DETERMINED IF AND HOW CLINICAL NUTRITION MAY BE ABLE TO HELP YOU.

I WILL THEN BE IN TOUCH TO DISCUSS SOME OPTIONS WITH YOU.

Sara Andrew is a registered Clinical Nutritionist having completed a Bachelor of Health Science (Nutritional Medicine).

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