



## CLIENT INITIAL CONSULTATION FORM

Client's details:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years Gender: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number/s: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Marital status: \_\_\_\_\_ Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Referred by: \_\_\_\_\_

### General practitioner's details:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel. number: \_\_\_\_\_

Do we have permission to contact your GP if it becomes necessary to do so? Yes / No

## Terms of Engagement & Consent

Good nutrition supports the body's natural defences and resistance. However, no claim can be made about the efficacy of any naturopathic nutritional advice. Naturopathic

nutritional advice will be tailored to support medically diagnosed conditions and/or health concerns agreed and identified by the two parties.

Naturopathic nutritional practitioners are not permitted to diagnose or claim to treat medical conditions.

Naturopathic nutritional therapy is not a substitute for professional medical advice and treatment.

The client: You are responsible for contacting your GP or specialist about any health concerns you may have. Please advise your GP of the naturopathic nutrition protocol you will be following. Please also advise any other complementary medicine practitioners you are consulting.

It is important that you tell your practitioner about any medical diagnosis you have received, any prescription medication, herbal medicine or food supplements or over-the-counter medication you are taking as it may affect the naturopathic nutritional programme. If you are unclear about any part of your plan, then you should contact your practitioner immediately for clarification.

Your naturopathic nutritional programme and supplement plan will have a time frame, and you should not continue with recommendations outside of this unless agreed by your naturopathic nutritional practitioner. This is to avoid any adverse reactions. Please report any concerns about your programme immediately so that it can be addressed in a timely manner.

The consultation will last approximately 2 hours (initial) and 1 hour (follow up). Please arrive 15 minutes prior to your consultation.

All provided information is confidential and stored in line with GDPR guidelines.

## **Declaration**

I understand the above and agree that our professional relationship will be based on the above content of this document. I consent to the use of a confidential video link/ zoom to facilitate online consultation.

Further details with regards to how my personal data is processed are available at <https://www.liveanotherway.co.uk/about/about-privacy-policy/>

I consent to my personal data being used in the manner set out above:

Client: \_\_\_\_\_ Signature: \_\_\_\_\_

Nutritional Therapist: \_\_\_\_\_ Signature: \_\_\_\_\_

**Prescription medications – past and present:**

<b>Name of medication:</b>	<b>Reason for taking/side effects:</b>	<b>Dose:</b>	<b>Taken since:</b>	<b>Frequency of intake:</b>

**Other notes (including hormonal contraceptive use):**

---

---

---

---

---

---

---

---

**Family medical history: Please include information on any health conditions in your family such as cancer, diabetes and autoimmune conditions.**

Family member:	Condition
Mother	
Grandmother (Maternal)	
Grandfather (Maternal)	
Father	
Grandmother (Paternal)	
Grandfather (Paternal)	
Brothers	
Sisters	

**Any recent test results (in the last 6 months) or diagnosed conditions:**

---

---

---

---

---