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| Name:…………………………………………..................................... Date of Birth:…………………… Age…......... Address: ………………………………………………………………………………………………… ………….……………………………………………………………………………………… Telephone number/s:………………………………………………………………….......... E-mail address: ………………………………………………………………….............. Sex:…………. Marital Status: ………………… Children:……............ Occupation:…………………………………………………………………………………… Height: ……………………………… Weight: …………………………….............. Referred by:……………………………………… …………………………....................... General Practitioner’s Details: Name: ……………………………………………………………………………................ Address: ………………………………………………………………………………….... Tel. Number: ………………………………………………………………………………..  |
| If your sole reason for seeking a Nutritional Therapist is for assistance with weight loss/muscle mass gain/maintenance then please list your body composition goal and measures you have currently made to address this. Health problem(s) and duration. Please make a list of all the health problems you would like support on in order of priority and indicate how long you have had these problems. Eg headaches 3years  |
| What seems to help this/these problem(s)? |
| What seems to make it/them worse? |
| Please list any medications you have taken for this/these problems |
| What past illnesses have you had with dates if possible? |
| What operations have you had with dates if possible? |
| What illnesses run in the family? |
| Please list any nutritional supplement you are taking, including brand and dosage |
| What is your normal blood pressure (if known)? |
| What are your normal cholesterol levels (if known)? |
| Please provide any other information:If you have any relevant medical test results and are able to scan them please send them with this questionnaire.  |