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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. |