

MyInnerJoyWellness
Nutrition Consultation Intake Form

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Socials: _____

Top Three reasons for visit

1. _____

2. _____

3. _____

Nutritional Data

How many ounces of water/day? _____ What kind? _____

What other beverages and how much? _____

Do you use artificial sweeteners? _____ If so, which ones? _____

Describe what you have for:

Breakfast: _____

Lunch: _____

Dinner: _____

How much per week of these:

Fresh Fruit _____ Raw Vegetables _____ Fermented Foods _____ Fast Foods _____ Meat _____

Eggs _____ Dairy _____ Breads _____ Pasta/Rice _____ Processed Foods _____

What do you crave? _____

What foods do you dislike the most? _____

Supplements/medications:

Do you take any supplements or herbs? _____ If so, what, how often and why? _____

Do you take any OTC medications routinely (such as Aleve or Aspirin)? If so what and how often?

Do you take prescription medications (prescribed by a licensed medical professional?) If so what and how often?



Type 1 Separate hard lumps

SEVERE CONSTIPATION



Type 2 Lumpy and sausage like

MILD CONSTIPATION



Type 3 A sausage shape with cracks in the surface

NORMAL



Type 4 Like a smooth, soft sausage or snake

NORMAL



Type 5 Soft blobs with clear-cut edges

LACKING FIBRE



Type 6 Mushy consistency with ragged edges

MILD DIARRHEA



Type 7 Liquid consistency with no solid pieces

SEVERE DIARRHEA

Eliminations:

Do you have daily bowel eliminations? _____ If yes, how many per day? _____

If no, please describe your elimination pattern. _____

Please indicate the most descriptive number(s) of your elimination(s) using the Bristol Stool chart provided.

BSC # _____ Color _____

Timing:

What is the first thing you do when you get up in the morning? _____

Movement:

Do you exercise/move/participate in fun sweaty activity? If so, what and how often?

Do you look forward to it? _____

How do you feel when you are finished? _____

Sleep:

What time do you go to bed? _____ How long do you sleep? _____

Do you wake often? _____ If so, why and at what time(s)? _____

Do you feel rested when you wake up for the day? _____

Do you have pain when you first get up? _____ If so, where? _____

Does it go away upon moving? _____

Females:

Are you post-menopausal? _____ If yes, at what age did you enter menopause? _____

What were the characteristics of your menopausal experience? _____

Do you currently use Hormone Replacement (HRT) or Hormonally-based Contraception? _____

Are you now, or in the near future, planning to become pregnant? _____ Is your menstrual cycle regular? _____ Longer than 28 days? _____ Shorter? _____ Is your flow longer or shorter than 5 days? _____ Do you have cramps or clotting? _____

Would you describe the color of your menses as more red, more purple, or more brown?

Do you experience PMS, cyclical headaches, or cravings? _____

Medical history:

Have you had any surgeries? If so, what and when? _____

Have you received any diagnoses from licensed medical professionals? If so, what and when?

What is your Blood Type? _____

Naturopathic history:

Have you ever been in consultation with a naturopath? If so, why? How long ago?

What was suggested? _____

Did you experience a good outcome? _____

What did you like about it? _____

What wasn't as successful for you? _____

Do you have regular adjustments with a chiropractor? _____

Do you have regular body work/massages? _____

I understand that I am here to learn about nutrition and better health practices, that I will be offered information about food supplements and herbs as a guide to general good health, and this is a personal ministry and spiritual counseling. I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit, or any subsequent visit, an agent for federal, state or local agencies or on a mission of entrapment or investigation. The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health, and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Signature _____ **Date** _____