7. Digestive Function ☐ N/A

Do you have any of the following conditions:

- ☐ Acid Reflux
- ☐ Celiac Disease
- ☐ Gastric Ulcer (NPA)
- ☐ Gluten intolerance
- ☐ Heartburn
- ☐ History of Bariatric Surgery (NPA)

If so, what type of bariatric surgery? ______________________

8. Ovarian/Breast Function ☐ N/A

Do you currently have any of the following conditions:

- ☐ Amenorrhea
- ☐ Fibrocystic Breasts
- ☐ Heavy periods
- ☐ Hysterectomy
- ☐ Irregular periods
- ☐ Menopause
- ☐ Painful periods
- ☐ Uterine Fibroma

Date of last menstrual cycle: ______________

Are you taking oral contraceptive pills? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

Are you breastfeeding? ☐ Yes ☐ No

9. Endocrine Function ☐ N/A

Do you have thyroid problems? ☐ Yes ☐ No

If so, please specify: ______________________

Do you have parathyroid problems? ☐ Yes ☐ No

If so, please specify: ______________________

Do you have adrenal gland problems? ☐ Yes ☐ No

If so, please specify: ______________________

Have you been told you have Metabolic Syndrome? ☐ Yes ☐ No

Last name: ______________ First name: ______________ DOB: __________ (DD/MM/YY) Initials: ______

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