

INFORMED CONSENT FOR DR. CARL'S BRIEF NUTRITIONAL CONSULTATION

Purpose of Consultation

This Brief Nutritional Consultation is intended to provide general educational information regarding natural health approaches. These may include guidance on supplements, herbs, diet, and more.

This Brief Nutritional Consultation is intended to provide general educational information regarding best practices in natural health approaches. These may include guidance on supplements, herbs, diet and foods, exercise, lifestyle changes, stress-management strategies, or referrals to other licensed health professionals when appropriate.

Nature of Services

Dr. Carl J. Donaldson, ND is a naturopathic doctor and **is not a medical doctor**. He does not diagnose medical conditions, prescribe medications, or provide medical treatment. All information shared during the consultation is for educational and informational purposes only.

Client Responsibility

Clients are encouraged to consult with a licensed medical doctor or other qualified healthcare provider for any medical concerns, conditions, diagnoses, or treatment decisions. Participation in this consultation is voluntary, and clients may discontinue at any time.

Acknowledgment

By signing below, I confirm that I have read and understand the information above. I acknowledge that I am voluntarily participating and understand the nature and limitations of this consultation.

Client Name (Print): _____

Client Signature: _____

Date: _____

Brief Naturopathic Intake Questionnaire

Client Information

Name: _____

Phone: _____ Email: _____

Age: Under 18 18–30 31–45 46–60 61+

Sex: Female Male Prefer not to say

Height: _____ Weight: _____

Primary Reason for Visit

What are your top 1–2 health concerns today? (check all that apply)

- Low energy / fatigue
 - Digestive issues (bloating, gas, constipation, diarrhea)
 - Weight concerns
 - Blood sugar concerns
 - Cholesterol / heart health
 - Joint pain / inflammation
 - Stress / anxiety
 - Sleep problems
 - Immune support
 - Hormonal concerns
 - Brain focus / memory
 - Other: _____
-

Current Diagnoses

Have you been diagnosed with any of the following? (Check all that apply)

- High blood pressure
- High cholesterol
- Diabetes / pre-diabetes

- Thyroid disorder
- Autoimmune condition
- Digestive disorder (IBS, GERD, etc.)
- Anxiety / depression
- Arthritis
- Heart disease
- None
- Other: _____

Most recent diagnosis (if any): _____

Medications

Do you currently take prescription medications?

- Yes No

If yes, please list (name & reason):

Supplements & Natural Products

Are you currently taking supplements or herbal products?

- Yes No Occasionally

If yes, check all that apply:

- Multivitamin
- Vitamin D
- Vitamin C
- Magnesium
- Omega-3 / Fish Oil
- Probiotics
- Herbal products
- Other: _____

Blood Work & Medical Testing

Have you had blood work in the last 12 months?

- Yes No Not sure

If yes, were any results abnormal? (check all that apply)

- Blood sugar
- Cholesterol
- Thyroid
- Vitamin D
- Iron
- Inflammation markers
- Not sure / Normal

Digestion & Elimination

How would you describe your digestion?

- Excellent Good Fair Poor

Check any that apply:

- Bloating
- Gas
- Heartburn / reflux
- Constipation
- Loose stools
- Food sensitivities

Energy, Sleep & Stress

Energy level most days:

- High Moderate Low

Sleep quality:

- Good Fair Poor

Stress level:

- Low Moderate High
-

Diet & Lifestyle Snapshot

How would you describe your diet?

- Mostly whole foods
- Mixed (some healthy, some processed)
- Mostly processed / convenience foods

Daily water intake:

- Less than 4 cups 4–6 cups 7+ cups

Physical activity:

- None 1–2x/week 3–4x/week 5+ x/week
-

Allergies & Sensitivities

Do you have known allergies or sensitivities?

- Yes No

If yes, please list:

Goals & Readiness

What is your primary goal right now?

- Feel better overall
- Improve a specific condition
- Prevent future health issues
- Increase energy
- Weight support

Are you open to:

- Dietary changes Yes No Maybe
- Supplements Yes No Maybe
- Lifestyle changes (sleep, stress, movement) Yes No Maybe

Anything else you'd like me to know?

Client Signature: _____

Date: _____

This questionnaire is for educational purposes and does not replace medical care.

Carl J. Donaldson, Jr., ND
Naturopath
wellnesszone180.com
info.drkarl@gmail.com