

NUTRIWAY CONSULTATION FORM

Name:

Address:

Phone number:

Email address:

Date of Birth:

IBO number:

Date/Time:

Please complete the following questions below prior to your appointment and email to naturopath@nutriway.com.

What are your top three health goals?

1:

2:

3:

Have you been diagnosed with a medical condition? Yes No

Please list:

Are you currently taking any medications? Yes No

Please list:

Are you currently taking any supplements? Yes No

Please list (including dose):

Do you suffer from any allergies or Intolerances? Yes No

Please answer yes or no to the following questions that we can discuss further in the consultation.

Do you eat 5-9 serves of fruits and vegetables everyday? Yes No

Do you eat fish 3-4 times per week? Yes No

Do you include lean protein at each meal and snack? Yes No

Do you eat takeaway or packaged foods more than once a week? Yes No

Do you smoke? Yes No

Do you drink more than 3 standard glasses of alcohol per week? Yes No

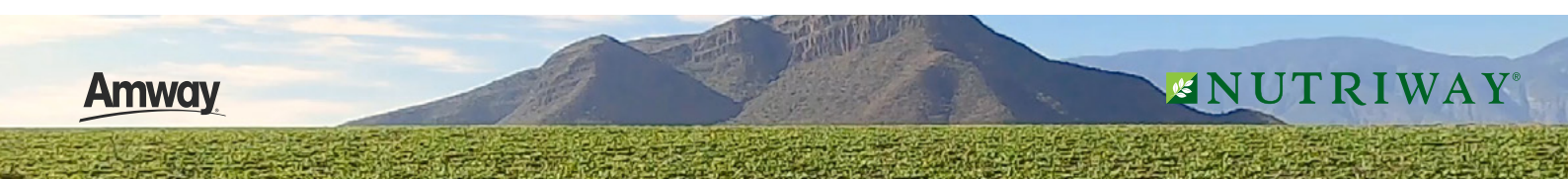
Do you drink 6-8 glasses of pure water each day? Yes No

Do you follow a vegan or vegetarian diet? Yes No

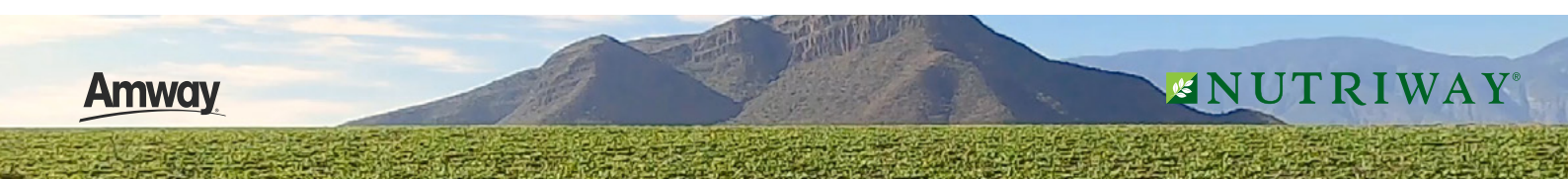
Do you have regular bowel movements? Yes No

Do you have adequate fibre each day? Yes No

Do you eat too much processed foods or drink alcohol on a regular basis? Yes No



Do you regularly consume fermented foods?	Yes	No
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Do you ever feel stressed, nervous or have mild anxiety?	Yes	No
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Do you need coffee, tea, sugar etc as a pick me up?	Yes	No
<hr/> <hr/>		
Is it hard to get moving in the mornings?	Yes	No
<hr/> <hr/>		
Do you have difficulties staying awake and energised throughout the day?	Yes	No
<hr/> <hr/>		
Do you get easily fatigued and tired?	Yes	No
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Do you have any difficulties with getting 7-8 hrs sleep?	Yes	No
<hr/> <hr/>		
Do you feel you are at a healthy weight?	Yes	No
<hr/> <hr/>		
Do have a family history of high cholesterol or would you like to support healthy cholesterol?	Yes	No
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Would you like to support the health of your hair, skin or nails?	Yes	No
<hr/> <hr/>		
Do you regularly suffer from colds or flus?	Yes	No
<hr/> <hr/>		
Do you find it can take longer than you would like to recover from a cold or flu?	Yes	No
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Do you have any joint pain?

Yes No

Do you have adequate calcium in your diet (ie. Regular intake of dairy, leafy greens and small fish)?

Yes No

Brief Diet:

Breakfast

Lunch

Dinner

Snacks/Drinks

Extra Notes:

