Initial consultation questionnaire

NUTRITIONAL
MATTERS

title _____ surname _____ given name(s) _____

sex: m ☐ f ☐ age _____ date of birth _____

address _____

city _____ postcode _____

phone (m) _____ phone (h) _____

email _____ occupation _____

relationship status: single ☐ in a relationship ☐ married or de facto ☐ number of children ☐

emergency contact name _____ phone _____

height _____ weight _____ Have you seen a Nutritionist before? yes ☐ no ☐

Where did you hear about Nutritional Matters / Angela?

Google ☐ Facebook ☐ Friend ☐ Natural Therapies Pages ☐ other _____

What is your key reason for seeing a Nutritionist?

_____

_____

What areas of your health do you wish to improve, in order of priority?

1: _____

2: _____

3: _____

List any operations or traumas (physical or emotional) you have had in the past two years.

_____

_____

Please tick any of the below that apply to you.

vegan ☐ vegetarian ☐ lactose intolerant ☐ gluten intolerant ☐ other _____

Do you have any allergies? yes ☐ no ☐ If yes, please state _____

Are these allergies life-threatening? yes ☐ no ☐

Do you exercise? yes ☐ no ☐ If yes, what activity _____

How often _____ How long is each session _____

Angela Emmerton Practical Nutritionist angela@nutritionalmatters.com.au nutritionalmatters.com.au 0438 119 042

Initial consultation questionnaire continued

Family history: Please mark "**S**" for self, "**F**" for family member or "**B**" for both if you have now or have had in the past any of the following:

- ☐ Acne / eczema / psoriasis
- ☐ Allergies / Asthma
- ☐ Arthritis
- ☐ Anxiety / depression
- ☐ Cancer
- ☐ Cardiovascular diseases (high blood pressure)
- ☐ Diabetes Type 1 or Type 2
- ☐ Digestive disorders
- ☐ Immune dysfunction
- ☐ Kidney stones
- ☐ Obesity
- ☐ Osteoporosis
- ☐ Reproductive problems
- ☐ Migraines / headaches
- ☐ Thyroid problems
- ☐ Other

List any medications or vitamins you are currently taking

Medication/vitamin	Brand	Dosage	Reason	Has this helped?

Would you like to receive Nutritional Matters communication, via email eg health newsletters & clinic updates?
Please tick box ☐ (you will be able to unsubscribe at any time)

Informed Consent and Privacy

I (print name)_____ declare all answers and statements contained in this Initial Consultation Questionnaire are true and complete. I understand that a nutritionist does not diagnose illness, disease or any other mental or physical disorder and does not prescribe medical treatment. I understand that my nutritionist is not a substitute for medical diagnosis and treatment. I understand that it is important for my nutritionist to be aware of all past and present medical conditions, as well as any additions or changes to supplements and medications. I will ensure that I will inform my nutritionist of any changes to the information I have provided. All information shared within the professional relationship will be held with the strictest confidence. Information may only be shared with a medical doctor, or other healthcare practitioner upon the consent of the client.

Signature _____ Date / /

Diet Analysis – 3 Day Food Diary

Record your daily diet over 3 days. Ensure you include one weekend day and exact quantities of all food and drinks

NUTRITIONAL MATTERS

	Week day 1	Quantity tsp, tbsp, mls, cup, grams etc	Week day 2	Quantity tsp, tbsp, mls, cup, grams etc	Weekend (Sat or Sun)	Quantity tsp, tbsp, mls, cup, grams etc
Breakfast						
Morning tea						
Lunch						
Afternoon tea						
Dinner						
Drinks water, coffee, tea, alcohol, soft drink, other						

full name _____ phone _____ email _____

sex: m ☐ f ☐ age _____ height (cm) _____ weight (kg) _____

Physical activity (please tick one): sedentary ☐ moderately active ☐ extremely active ☐ pregnant/breast feeding ☐

Angela Emmerton Practical Nutritionist angela@nutritionalmatters.com.au nutritionalmatters.com.au 0438 119 042