

Naturopathic Nutrition Questionnaire

Title: _____ First Name: _____ Surname: _____ D.O.B. _____ Age: _____

Address: _____

_____ Post Code: _____

Contact Phone #: _____ E-mail: _____

Occupation: _____ Work Environment: _____

(e.g. farm, city, factory,)

Marital Status: _____ Children: _____

Please list one or two symptoms for which you're seeking nutritional therapy:

Presenting symptoms (e.g. indigestion, joint pain, ...)	Onset / duration	0 1 2 3 4 5 6 0 = as good as it could be 6 = as bad as it could be
1.		
2.		
How would you rate your general feeling of wellbeing?	—	

Please specify any recent health tests you have had done (e.g. blood tests, ultrasounds, BP check):

BP: _____

Blood Type (if known): _____

Weight: _____

Height: _____

Waist Circumference: _____

Hip Circumference: _____

GP's details:

Name: _____

Address: _____

Tel. Number: _____

Do we have your permission to contact your GP if it becomes necessary to do so?

Yes

No

Medication / Herbal Remedies / Supplements

Remedy:	Dose:	Condition:	Frequency & Duration:
Antibiotic use recent & past:			