**Pre consultation questionnaire**

**Title:** Mr/Mrs/Ms/Miss/Dr/ Other, please state

**Full Name**:

**Date of Birth**: **Age:**

**Address:**

**Email**:

**Contact telephone number**:

**Health**

What is your reason for visiting a nutritionist? (Please provide as much detail as possible)

List your 3 health concerns or goals in order of priority:

1.

2.

3.

Have you recently had any major surgery, biopsies, diagnosed health condition, significant period of illness?

Do you suffer from any allergies including non-food related? (Eczema, hives, alcohol, peanuts, shellfish etc.)

Are you currently on any medication (Please highlight where relevant)

|  |  |  |  |
| --- | --- | --- | --- |
| Antacids  | Contraceptive Pill | Cholesterol | Steroids |
| Antidepressants  | Sleeping Pills | Anti-histamines  | Diabetic  |
| Diuretics  | ADD/ADHD | Thyroid Medication | Antibiotics |
| Blood Pressure | Asthma inhaler  | Other, please state  |  |

**Exercise**

How many times per week do you exercise?

If so what exercise do you carry out?

Do you enjoy exercise?

**Work Life**

Do you work part or full time?

Do you work long hours?

Do you buy lunch, or make your own?

Reason for above answer?

Are you under significant stress in your current job?

**Relaxation**

Do you sleep well?

What time do you go to bed, and wake up (on average)?

Do you wake during the night?

Do you wake up feeling refreshed?

How do you relax?

**Digestion**

Please score the below with the number that applies:

0= Never (leave blank)

1= Minor or mild symptoms (once a month or less)

2= Moderate (occurs weekly)

3= Severe (likely to occur frequently, almost daily)

|  |  |  |
| --- | --- | --- |
| Belching or gas after eating  | Diarrhoea  | Heartburn  |
| Bloating or cramps after eating  | Upset stomach from greasy food  | Sleepy after meals  |
| Excess fullness after meals  | Dairy sensitivity  | Constipation  |
| Wheat sensitivity  | Greasy stools  | headaches  |

**Habits**

Foods you find hard to give up? (Cheese, chocolate, wine, beer, bread etc.)

Do you avoid any food? (Dislike, religious reasons, allergic etc.)

Do you suspect certain foods don’t agree with you?

How many meals do you eat a day?

**Lifestyle**

Do you have children?

Hold old is your youngest child?

Do you smoke? Please specify how many a day

Do you drink alcohol? Please specify how much per week *(125ml glass 1.5 units, 250ml large glass 3 units, 750 ml bottle 8 units, 1 pint 2 units, and 25ml shot of spirit 1 unit)*

Please specify which days of the week you would consume alcohol (i.e. every night, just Saturdays etc)

How much water do you drink per day? (This doesn’t include squash, tea and coffee etc.)

If there is anything else which you feel might be relevant please include in the box below:

**Diary**

*Please fill in the below diary as accurately as possible for what you would TYPICALLY eat. Please do not set yourself a healthy 3 day diet, or write it when your eating habits are on track, I need to understand how you would normally eat and why you aren’t achieving your aforementioned goals. It’s very important that you are 100% honest, I’m not here to judge, and this will be a crucial part in your programme.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Day1**  |  | **Day 2** |  | **Day 3** |
| Time | Breakfast: | Time | Breakfast: | Time | Breakfast: |
| Time | Mid-Morning:  | Time | Mid-Morning: | Time | Mid-Morning: |
| Time | Lunch:  | Time | Lunch:  | Time | Lunch: |
| Time | Mid-Afternoon: | Time | Mid-Afternoon: | Time | Mid-Afternoon: |
| Time | Dinner: | Time | Dinner: | Time | Dinner: |
| Time | Evening:  | Time | Evening: | Time | Evening: |
| Glasses (If possible specify ml, pint etc.) | Water Intake: | Glasses (If possible specify ml, pint etc.) | Water Intake: | Glasses (If possible specify ml, pint etc.) | Water Intake: |
|  | Other Drinks:Cup of tea  |  | Other Drinks: |  | Other Drinks: |
| Scale 1-10 | Energy: | Scale 1-10 | Energy: | Scale 1-10 | Energy: |
| Scale 1-10  | Sleep Quality: | Scale 1-10 | Sleep Quality: | Scale 1-10 | Sleep Quality: |
| Type and duration | Exercise  | Type and duration | Exercise  | Type and duration | Exercise  |

Thank you for taking the time out to complete this questionnaire. Please return a completed copy toNutrition@batesbodyfactory.co.uk and put ‘Completed Questionnaire FAO Georgina’ in the subject. All of the information submitted is confidential.

Using all the information provided we will go ahead with a consultation to discuss the above in more detail, and take your measurements (optional). During your consultation I will work with you to discuss your personal aims and expected outcomes of your personal programme.

In order to provide you with a realistic and achievable programme we will discuss your lifestyle, food diary, food likes and dislikes, health issues and so on. From this information we will work together to create a nutrition programme to suit your needs. It is optional to have your measurements taken at the consultation stage, which can be reviewed at your follow up stage to identify progress. You will learn and understand causes of your symptoms and the best way to target them through lifestyle changes. I will make recommendations of any supplements that might support your programme and where I would recommend you purchase them from.

From this you will receive a personalised pack including recipes and meal ideas for a 7 day plan which is tailored to you. This will also include facts and tips to help educate you on the food you will be eating and how it will benefit you.

Follow up consultation 30 - 45 minutes (£25): I recommend clients returning for their follow up between 2-4 weeks (this is dependent on your programme) after their initial consultation to review progress, re-take measurements and raise any further queries or treatments. I also provide different packages which include fortnightly reviews allowing you to keep the plan fresh, keep motivated and regularly review your progress and retake measurements (if you struggle to stay on top of your diet I would recommend this).