Nutritional Case History

The questions asked below related to your physiology – how your body is working (or not working) so that we may find ways to support it working better for you to live healthier… and longer. Fill in the blank or circle which applies.

Name: _____ Date _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Sex: M or F Occupation: _____
Marital Status: _____ # of children: _____
Preferred contact Phone: _____ E-mail: _____
Emergency Contact Name: _____Relationship: _____ Phone:_____
Whom may we thank for referring you to the office? _____

Symptoms or health concerns:

1. _____
2. _____
3. _____
4. _____

Are your symptoms getting worse? Yes No
Is there a medical diagnosis? _____
Physician's name: _____
Why are you motivated to get better now? _____
How would you rate your stress 1-10? _____

History:

Have you been hospitalized? NO YES For what? _____
Have you had surgeries? _____
Have you had any recent procedures? For what? _____
Have you had any recent lab tests, X-rays or MRI's ? NO YES--- (Please provide us a report or let us request one)
Are you taking any prescriptions, OTC, vitamins or supplements? NO YES--- (Please list below)
_____
_____
_____
Do you drink coffee? NO YES Smoke? NO YES
Drink Alcohol? RARE SOCIAL DAILY MORE
Do you drink soda? NO YES Sugar Free drinks? NO YES
Do you feel you overeat? NO YES If yes, by GRAZING or BIG MEALS
Do you crave? NO YES If yes, what do you crave? SWEET SALTY BOTH
Do you feel satisfied after a meal? NO YES
Do you feel: EMOTIONAL MENTAL FOG DIFFICULTY CONCENTRATING
Do you feel your digestion is working well? NO YES
Do you sleep well? NO YES
Do you exercise? NO YES If yes, HOW OFTEN: _____ How intense (1-10) _____
Is weight an issue? Yes No
Women:
Do you have menstrual or menopausal concerns? NO YES
Do you have low libido or low energy? NO YES
Do you have fertility or childbearing concerns? NO YES
Men:
Do you have prostate or urination issues? NO YES
Do you have libido or erection issues? NO YES

_____ _____
Patient/Guardian/Representative Signature Date