The Naturopathic Co.

Consultation date: _____

CONFIDENTIAL

This document remains the property of The Naturopathic Co. and will be accessed only by those authorized by The Naturopathic Co. and the client. All information within is strictly confidential.

Health Evaluation Questionnaire

CLIENT INFORMATION

Parent details/Title:

Given name | Surname

Child details/Title:

Given name | Surname

Address:

Phone: | Emergency phone:

Date of birth: | Emergency contact:

General Practitioner name:

General Practitioner address:

Referred by:

- ☐ Family/friend
- ☐ Google
- ☐ Instagram
- ☐ Facebook
- ☐ Practitioner

If you have booked an online consult, what is your preferred mode of contact:

- ☐ Zoom with webcam (You will be sent a link for Zoom)
- ☐ Zoom without webcam
- ☐ Skype with webcam (You will be sent the Skype ID)
- ☐ Skype without webcam
- ☐ Phone

PRESENTING COMPLAINTS

Please be as specific as you can. List all information that may be relevant, and please include when your symptoms started.

What have you tried in the past in order to alleviate this medical concern?

MEDICAL HISTORY

Recent visits to your GP or natural health practitioner? Reason?

MEDICATONS

Current medications and dosage: (Please include all pharmaceutical/vitamin/mineral/herbal supplements here also)

ALLERGIES

DIET/ Please note this is a 'typical' day i.e what did you consume yesterday? (Try to ensure these answers are an honest reflection of your normal food intake, don't worry if they're not what you'd consider to be your 'best' choice for consumption!)

	TYPICAL FOOD INTAKE	TIME OF DAY (APPROX)
BREAKFAST		
LUNCH		
DINNER		
SNACKS		
WATER/LIQUIDS		
FOODS AVOIDED?		
FOOD ALLERGIES?		
CRAVINGS?		

Please email your form to **info@thenaturopathic.co** at least 24 hours prior to your appointment, thank you.