**To prepare for your appointment, please complete the following form and email it to me (if you’re comfortable) or bring a printed copy to your appointment.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  | **Consult Date:** |  |

**HOW ARE THINGS GOING?**

|  |  |
| --- | --- |
| **What is working WELL for you?** |  |
| **Areas you’re STRUGGLING with:** |  |
| **What steps are you taking to overcome the struggle?** |  |
| **How can I best support you at this time?** |  |
| **DESCRIBE ANY NEW OR CHANGED SYMPTOMS, SINCE YOUR LAST VISIT:** | |
| **New Symptoms** |  |
| **Symptoms that have changed or disappeared** |  |

**LIST CHANGES TO SUPPLEMENTS/MEDICATIONS SINCE YOUR LAST VISIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| There have been NO changes to my medications/supplements. | | | | |
| Date Started | Medication / Supplement | Purpose | Prescribed by | Dosage |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TELL ME HOW THINGS ARE GOING IN THESE AREAS OF YOUR HEALTH:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bowel**  **Movements** | Well-formed | | Mostly formed | | | | Pebbly/Hard | | Soft | | | Liquid | | | Alternating |
| \_\_\_\_\_\_\_ times | | Daily | | | | Weekly | |  | | |  | | |  |
| **Urination** | 0-1 | | 2-5 | | | | 6-10 | | Strains | | | Urgent | | | Accidents |
| Clear | | Light Yellow | | | | Dark Yellow | | Smells | | | No odor | | |  |
| **Fluid Intake** | Water (oz) |  | | Coffee/Tea (oz) | |  | | Soda/Diet (oz) | |  | Other (list) | | |  | |
| **Sleep** | Well-rested | | Can’t fall asleep | | | | Can’t stay asleep | | Hours slept: | | | |  | | |
| Wake to urinate \_\_\_\_\_\_ times | | | | | | Light-sleeper | | Apnea/CPAP | | | | Mind races/worry | | |
| **Stress** | Mild | | Moderate | | | | Heavy | | Very Heavy | | | | Anxiety | | |
|  | I de-stress by: | | | | | | | | | | | | | | |
| **Exercise &**  **Activity** | Sedentary | | Mildly Active | | | | Moderate | | Active | | | | Very Active | | |
| Type of exercise: | |  | | | | | | | | | | | | |
| **If weight loss is a goal, please note changes:** | | | | |  | | | | | | | | | | |

**PLEASE TELL ME ABOUT YOUR DIETARY HABITS/ABILITIES AT THIS TIME:**

**Typical Daily Dietary Intake / 24 HR Recall:**

|  |  |  |
| --- | --- | --- |
|  | **TIME EATEN** | **WHAT YOU USUALLY EAT** |
| Breakfast |  |  |
| Lunch |  |  |
| Dinner |  |  |
| Snacks |  |  |

**Attitudes / Abilities / Capabilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Budget | Tight | Moderate | Comfortable | **Food Availability** | Plentiful | Scarce |
| Abilities | I Cook | I don’t cook | I’m learning | **Who Cooks Most?** | Me | Someone else |
| Enjoys? | Yes | No | In-between | **Time to Cook?** | Ample | Limited |
| Palate | Picky | Adventurous | In-between | **Use up food?** | Yes | No |