

CONSULT INTAKE FORM



Name:

Email Address:

Address:

Phone:

Date of Birth:

Current GP:

What health or performance challenge are you facing?:

How long have you had this condition?:

What is your medical history? (be as detailed as possible, noting major injuries and illnesses and approximately when they happened): -

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Have you had vaccinations? (just share what you can remember):

What seems to make your condition worse?:

What seems to make it better?:

Do you have any food sensitivities that you are aware of?:

Do you have any known allergies?:

Are you exposed to toxins and chemicals through your work or hobbies?:

What medications are you on?:

Do you have any recent blood or lab work that can help us assess you today?:

Have you ever had any gene tests done, do you have access to the raw data (for example 23andme or ancestry.com or the like)?:

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What supplements have you been on in the past three months?:

How is your fitness level, do you train regularly, if so what?:

What goals do you have in regards to your health and or performance (sporting, career or academic)?:

Who have you already seen about this problem?:

How are your sleep patterns?:

Are you or have you recently been under a lot of stress?:

What is your diet like, are you following any specific diet?:

Do you breath through your nose predominantly or through your mouth?:

Are you will to work together as partners to develop a plan of action to get on top of this issue? The way I work usually requires you to take some action yourself and requires commitment to the program. No magic bullet approaches here.

Are you able and willing to discuss having further tests done if required? For example gene testing, microbiome testing, blood work, nutrient or hormonal testing as required.: