

Nutritional Assessment Questionnaire

Date _____

Name	_____
Telephone	_____
Email	_____

ACHIEVING YOUR HEALTH GOALS

<p>Please list your reasons for consulting a Nutritional Therapy Practitioner and what you would like to achieve from your visit?</p> 	<p>THERAPIST NOTES</p>
<p>How would an improvement in your health impact your life?</p> 	
<p>Are you in any other types of therapy?</p> 	

HEALTH ISSUES YOU WISH TO ADDRESS

List main health issues you wish to address in order of priority.	How long have you had this health issue?	Please list any symptoms associated with health issues.	What event, food, environment, exercise, etc., has an effect on symptoms?		
			Acts as a trigger	Makes things worse	Makes things better
E.g. Low energy	E.g. 2 years, change of job	E.g. Hard to get up in the morning	E.g. Junk food	E.g. Working late	E.g. Less hours at work, exercise
1.					
2.					
3.					
4.					

Diet Diary

Name _____ Date _____

Please write down all the foods and drinks you consume on two regular weekdays and one weekend day - in as much detail as possible.

	Time	Day 1 - Weekday	Day 2 - Weekday	Day 3 - Weekend
Breakfast				
Snacks/Drinks				
Lunch				
Snacks/Drinks				
Dinner				
Snacks/Drinks				

DIETARY HABITS			
<p>What are your favourite foods?</p>	<p>Reasons for eating e.g. cravings, feeling depressed, etc.</p>	<p>In order to improve your health and achieve your goals describe how willing you are to adapt your dietary habits?</p>	<p>Are there any foods you cannot or choose not to eat?</p>
<p>Are any of your symptoms alleviated or made worse after eating?</p>	<p>Are there any specific dietary habits you would like to change?</p>	<p>Where do you shop?</p>	<p>Who in your household prepares the meals?</p>
THERAPIST NOTES			



Client-Therapist Terms of Engagement

Introduction

Good nutrition helps build the body's natural strength and resistance. However, no claim is made as to the efficacy of any nutritional protocols. It should be noted that the degree of benefit obtainable from Nutritional Therapy might vary between clients with similar health problems and following a similar Nutritional Therapy program.

The Nutritional Therapist

- Nutritional advice will be tailored to support medically established, diagnosed conditions and/or health concerns identified and agreed between both parties.
- Nutritional therapists are not permitted to diagnose, or claim to treat, medical conditions. Nutritional advice is not a substitute for professional medical advice and/or treatment.

The Client

- You are responsible for contacting your Doctor about any health concerns.
- If you are not being treated by your Doctor, you should still advise him/her that you are receiving nutritional therapy.
- If you are receiving treatment from your Doctor or other medical providers you should advise them of any nutritional strategy provided by a nutritional therapist. This is necessary because of any possible reaction between medication/treatment and the nutritional program.
- It is important that you tell your nutritional therapist about any medical diagnosis, medication, herbal medicine, or food supplements, you are taking as this may affect the nutritional program.
- If you are unclear about any areas of the agreed nutritional therapy program including supplementation and timeframes you should contact your nutritional therapist promptly for clarification.
- You must contact your nutritional therapist should you wish to continue any specified dietary or supplement program for longer than the agreed period, to avoid any potential adverse reactions.
- You are advised to report any concerns about Nutritional Therapy promptly to your nutritional therapist for discussion and action.

Signed agreement between the Nutritional Therapist and Client

We understand the above and agree that our professional relationship will be based on the content of this document.

Client Sign: _____

Print Name: _____

Date: _____

Therapist Sign: _____

Print Name: _____

Date: _____