

Please complete as fully and accurately as possible.

## CONTACT INFORMATION

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel/mob: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital status: \_\_\_\_\_

## HEALTH PROFILE

What is your main reason for seeking nutritional advice? \_\_\_\_\_

### Please list the conditions you would like to focus on in order of priority:

Health Condition (eg. Arthritis, weight etc)	Management so far (eg. GP, exercise, paracetamol etc)	Onset / duration
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

*Please continue on separate sheet if necessary*

Have you had any recent health tests? Please specify or attach if appropriate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medication (prescription or over the counter) that you are currently taking:

Drug: _____	Dose/frequency: _____

*Please continue on to a separate sheet if necessary*

List any nutritional / herbal supplements you take regularly or within the last year

Name & brand: _____	Dose/frequency: _____
Name & brand: _____	Dose/frequency: _____
Name & brand: _____	Dose/frequency: _____
Name & brand: _____	Dose/frequency: _____

When was the last time you took antibiotics? \_\_\_\_\_

Have you ever taken antibiotics for: 3mths+: \_\_\_\_\_

Any other significant antibiotic history during your childhood? Please give details:

\_\_\_\_\_

## VITAL STATISTICS

_____ normal blood pressure	_____ waist circumference
_____ resting pulse	_____ hip circumference
_____ current weight	_____ is your weight stable, increasing or decreasing
_____ current height	

## FAMILY HEALTH HISTORY (grandparents, parents, siblings and children)

Do you have a family history of disease or allergies (eg heart disease, diabetes, asthma etc)? Please give details of any medical conditions, approximate age at onset, relationship to family member:

\_\_\_\_\_

## BODY SCAN

Please check any conditions that you regularly experience:

### Head

- Headaches,  Migraines,  Stiff neck,  Fuzzy headed,
- Dizziness  Poor balance,  Pounding head,  Feeling hungover,  Unexplained pain

### Hair

- Oily,  Dry,  Poor condition,  Thinning,  Prematurely grey,  Dandruff,  Increased facial hair,  Increased body hair,  Decreased body hair

### Mouth

- Sore tongue,  Tooth decay,  Ulcers,  Bad breath,
- Poor sense of taste,  Excess saliva,  Dry mouth,
- Difficulty swallowing,  Hoarse voice,  Bleeding gums,
- Cold sores

### Eyes

- Burning,  Gritty,  Protruding,  Prone to infection,
- Sticky,  Itchy,  Painful,  Poor night vision,  Dry,
- Cataracts,  Sensitive to light,  Bags,  Blurred vision,
- Double vision,  Failing eyesight,  Yellowish

### Ears

- Blocked,  Sore,  Itchy,  Overly waxy,  Creased earlobe

### Nose

- Congested,  Runny,  Frequent nose bleeds,  Prone to snoring,  Sinusitis,  Hay fever,  Post-nasal drop,  Rhinitis,
- Sneezing,  Poor sense of smell

### Muscles

- Sore,  Cramps,  Spasms,  Twitches,  Loss of tone,
- Wasting,  Weak,  Stiff, Numbness

### Skin

- Dry,  Rough,  Flaky,  Scaly,  Puffy,  Brown patches,
- Paler than usual,  Changes in moles or lesions,
- Prematurely lined,  Oily,  Yellow,  Slow to heal

### Skin Prone to

- Dry,  Rough,  Flaky,  Scaly,  Puffy,  Brown patches,
- Paler than usual,  Changes in moles or lesions,  Prematurely lined,  Oily,  Yellow,  Slow to heal

### Joints

- Painful,  Inflamed,  Stiff,  Rheumatic,  Arthritic,
- Aching,  Difficulty bending,  Unsteadiness,  Slow movement

### Mood

(please check your predominant states even if conflicting)

- Depressed,  Anxious,  Tense,  Angry,  Happy,  Sad,
- Fluctuating,  Tired,  Can't be bothered,  Hyperactive,
- Easily upset,  Tearful,  Jittery,  Frightened,  Irritated,
- Overwhelmed,  Suicidal,  Optimistic,  Pessimistic,

### Mind

- Forgetful,  Difficulty learning new things,  Easily confused,
- Can't switch off,  Difficulty concentrating,  Distracted,
- Difficulty making decisions,  Loss of interest in daily life,
- Fogginess,  Dyslexia,  Dyspraxia,  Insomnia,
- Panic attacks,  No motivation

### Chest

- Frequent colds,  Frequent chest infections,  Asthma,
- Bronchitis,  Palpitations,  Heart condition,  Chest pain,
- Persistent cough  Short of breath,  Difficulty breathing,
- Wheezing,  Persistent cough,  Noisy breathing,  Breast pain,

### Gut

- Bloating,  Painful,  Tender,  Cramping,  Distended,
- Nausea,  Hiatus Hernia,  Sensation of fullness,
- Acid reflux,  Diarrhoea  Constipation,  Heartburn,
- Flatulence,  Belching,  Unable to burp,  Vomiting,
- Irritable bowel,  Coeliac  Diverticula,  Polyps,
- Haemorrhoids,  Ulcers,  Sluggish

### Genitals

- Itchy,  Cystitis,  Thrush,  Ulcers,  Warts,  Herpes,
- Groin pain,  Prostatitis,  Pelvic inflammatory disease,
- Unexplained discharge,  Erectile dysfunction,  Impotence,
- Painful intercourse,  Vaginal dryness,  Painful or frequent urination

### Hands

- Dry,  Cracked,  Puffy,  Cold,  Chilblains,  Numbness,
- Tingling,  Uncoordinated

### Nails

- Dry,  Brittle,  Flaky,  Peeling,  Split,  Fungal,
- Hangnails,  Ridged,  Spoon shaped,  White spots on more than 2,  White lines,  Thickened,  Dark nails,  Pale nail bed

### Legs and Feet

- Restless legs,  Swollen,  Aching,  Athlete's foot,
- Burning feet,  Tender heels,  Gout,  Sciatica,
- Cold feet,  Tingling,  Numb,  Prickling

### Important symptoms which may require additional medical care:

- Persistent or unexplained pain,  Unexplained bleeding or discharge from nipple, vagina or rectum,  Blood in sputum, vomit, urine or stools,  Breast lumps,  Calf swelling,  Difficulty swallowing,  Excessive thirst,  Increased urination,  Inability to gain or lose weight,  Loss of appetite,  Paralysis,  Slurred speech,  Unexplained bruising,  Unexplained rash,  Unexplained weight loss,  Black tarry stools,  Painless ulcers or fissures,  Bleeding in pregnancy

## MALE

- Benign prostatic hyperplasia (BPH)
- Prostate cancer
- Decreased sex drive
- Frequent urination
- Pain when urinating
- Infertility
- Frequent need to urinate at night

## FEMALE

- Endometriosis
- Fibroids
- Infertility
- Premenstrual syndrome (PMS)
- Breast cancer
- Cystitis
- Thrush
- Decreased sex drive

### Menstrual Cycle:

Length of cycle \_\_\_\_\_ days

- Any recent changes (eg heavier, lighter, large clots, scanty)

- Irregular periods

Form of birth control:

\_\_\_\_\_

### Pregnancy:

# of children \_\_\_\_\_

# of pregnancies \_\_\_\_\_

- C-Section

## YOUR DIGESTIVE HEALTH

Do you regularly experience any of the following symptoms?

- Indigestion after food
- Indigestion between meals
- Indigestion after fatty food
- Frequent stomach upsets or stomach pain
- Nausea
- Vomiting
- Pain between the shoulders or under the ribs
- Constipation or hard-to-pass stools
- Diarrhoea

- Blood in stools
- Mucus in stools
- Undigested food in stools
- Generally inconsistent bowel movements
- Anal itching

How often do you have a bowel movement \_\_\_\_\_

- Have you noticed any recent change in bowel habit

Are your stools \_\_\_\_\_

- Have you ever had a stomach upset after foreign travel?

Do any foods cause digestive problems \_\_\_\_\_

## EATING HABITS

What are your favourite foods

Which foods do you dislike

Which foods do you crave

Which foods would you find hard to give up

- Do you cater for a special diet in the household
- Do you avoid any foods for cultural / ethical reasons

Who does the cooking in your household

Do you suspect any foods don't agree with you

- Have you recently changed your diet
- Do you eat on the move / when stressed
- Do you ever have eating binges

What do you binge on

- Have you ever suffered from an eating disorder
- Do you chew your food thoroughly

- Are you excessively thirsty?

## DIET & LIFESTYLE

Do you have any known food allergies or intolerances?

Dairy

Wheat

Eggs

Soy

Corn

Gluten

Other:

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Do you regularly drink alcohol

How many units per week \_\_\_\_\_

Do you regularly drink coffee/tea

How many cups per day \_\_\_\_\_

Do you smoke

How many cigarettes per day \_\_\_\_\_

Do you sunbathe a lot

Are you a frequent flyer

Are you exposed to chemicals

through work or hobby

Do you heat, freeze or wrap food

in plastic

Do you cook or wrap food in

aluminium

Do you regularly take antacid

(indigestion) medication

Roughly what % of your food is organic \_\_\_\_\_

Do you frequently roast or fry food

at high temperatures

Do you regularly eat browned or

BBQ'd foods

Do you regularly consume artificial

sweeteners

Do you regularly add salt to your

food

## ENERGY LEVELS

Do you need more than 8 hrs sleep

Is your energy less than you want it to be

Do you find it hard to get going in the morning

What time(s) of day is your energy lowest

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Do you get dizzy if you don't eat often

Do you find it difficult to concentrate

Do you feel dizzy if you stand too quickly

Do you use  caffeine,  sugar or  nicotine to keep going

## DAILY LIFE / STRESS LEVELS

Check the level of stress you experience

1    2    3    4    5    6    7    8    9    10

(1= low)

(10= high)

Do you enjoy your daily life

Do you feel supported by the people around you

Are you recently separated / divorced

Are you recently bereaved

Are you recently a new parent

Have you recently moved house

Have you changed jobs recently

Do you work long / irregular hours

Is your workload bigger than you can manage

Are you under significant stress in any other way

Do you feel guilty when you are

relaxing

Do you have a strong drive for achievement

Do you often do 2 or 3 tasks simultaneously

Have you ever suffered from insomnia

## YOUR HEALTH CARERS

Is this your first visit to a Nutritional Therapist

How did you find out about me

What is your GP's Name

Surgery Address

Surgery Phone

Are any other therapists / clinics involved in your care? Please list:

*I have disclosed all the relevant information applicable to this consultation and my health status at this point in time.  
I consent for the information provided to be used by my Nutritional Therapist and for my therapist to liaise with  
appropriate health professionals.*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

# 3 DAY LIFESTYLE DIARY

Please choose 2 fairly typical week days and a weekend or day off and record as much as you can about your eating, sleep and leisure patterns on the page below. Please fill it in as you go along and give as much detail as possible – home cooked or not, brand names, fresh, packages, whole, refined, amounts etc. to help Helen to build an accurate picture of your lifestyle.

**Your Diet** – please record your food intake across 2 work or week days and 1 weekend/day off

Weekday 1	Weekday 2	Day Off
Breakfast time: _____	Breakfast time: _____	Breakfast time: _____
Lunch time: _____	Lunch time: _____	Lunch time: _____
Dinner time: _____	Dinner time: _____	Dinner time: _____
Coffee:	Coffee:	Coffee:
Black tea:	Black tea:	Black tea:
green / herbal tea:	green / herbal tea:	green / herbal tea:
Fizzy drinks / cordial:	Fizzy drinks / cordial:	Fizzy drinks / cordial:
Units alcohol	Units alcohol	Units alcohol
Glasses water:	Glasses water:	Glasses water:
Other drinks:	Other drinks:	Other drinks:

**Your Routine** – please do the same for your routine

	Day 1	Day 2	Day Off
Wake up time			
Get up time			
Work day start time			
Work day breaks (total hrs)			
Work day end time			
Time spent travelling			
Time spent exercising			
Type of exercise			
Exercise time of day			
Time spent relaxing			
Type of relaxation			
Other leisure activity			
Other routine			
Energy low times			
Overall mood			
Go to bed time			
Fall asleep time			
Uninterrupted sleep?			

# Terms of Engagement

Please read and sign the document below.

## What is Nutritional Therapy?

Nutritional Therapy is the application of nutrition science in the promotion of health, peak performance and individual care. Nutritional therapy practitioners use a wide range of tools to assess and identify potential nutritional imbalances and understand how these may contribute to an individual's symptoms and health concerns. This approach allows them to work with individuals to address nutritional balance and help support the body towards maintaining health. Nutritional therapy is recognised as a complementary medicine and is relevant for individuals with chronic conditions, as well as those looking for support to enhance their health and wellbeing. Practitioners consider each individual to be unique and recommend personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach. Practitioners never recommend nutritional therapy as a replacement for medical advice and always refer any client with 'red flag' signs or symptoms to their medical professional. They will also frequently work alongside a medical professional and will communicate with other healthcare professionals involved in the client's care to explain any nutritional therapy programme that has been provided.

Helen Monk Nutrition requests that you note the following:

- The degree of benefit obtainable from Nutritional Therapy may vary between clients with similar health problems and following a similar Nutritional Therapy programme.
- Nutritional advice will be tailored to support health 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.
- Helen Monk Nutrition may recommend food supplements and/or functional testing as part of your Nutritional Therapy programme and may receive a commission on these products or services.

## Data Protection

Helen Monk Nutrition is committed to a policy of protecting the rights and privacy of clients in accordance with General Data Protection Regulation. Further details can be found in the [privacy policy](#) and the privacy notice that we will provide to you upon booking. We understand the above and agree that our professional relationship will be based on the content of this document. We declare that all the information we share during this professional relationship is confidential and to the best of our knowledge, true and correct.

- Standards of professional practice in Nutritional Therapy are governed by the CNHC Code of Conduct. This document only covers the practice of Nutritional Therapy within this consultation, and Helen will make it clear if she intends to step outside this boundary.

You understand and agree to the following:

- I am responsible for contacting my GP about any health concerns.
- If I am receiving treatment from my GP, or any other medical provider, I should tell
- him/her about any nutritional strategy provided by my nutritional therapist.
- This is necessary because of any possible reaction between medication and the
- nutritional programme.
- It is important that I tell my nutritional therapist about any medical diagnosis, medication, herbal medicine, or food supplements, I am taking as this may affect the nutritional programme.
- If I am unclear about the agreed nutritional therapy programme/food supplement doses/time period, I should contact my nutritional therapist promptly for clarification.
- I understand that the advice is personal to me and may not be appropriate for others.
- I must contact my nutritional therapist should I wish to continue any specified supplement programme for longer than the original agreed period, to avoid any potential adverse reactions.
- Recording consultations using any form of electronic media is not allowed without the written permission of both me and my Nutritional Therapist.

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

We declare that all the information we share during this professional relationship is confidential and to the best of our knowledge, true and correct.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
NT Name

\_\_\_\_\_  
NT Signature

\_\_\_\_\_  
Date:

HELEN MONK  
NUTRITION