Medical History Intake Form

Essence of Nutrition

To save time during the consult please provide us with as much information as possible.

***1. Medical History.** (select any and all relevant)

- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Hyperglycaemia (High blood sugar)
- ☐ Diabetes
- ☐ Gastrointestinal Issues (Gut or Tummy problems)
- ☐ Anxiety
- ☐ Depression
- ☐ Eating Disorder
- ☐ Sleep Issues
- ☐ Previous Surgery
- ☐ History of Dieting

2. Provide any additional information regarding the above medical history or surgeries if necessary.

***3. List any family medical history relevant.** (*e.g. diabetes, heart disease, cancer)*

***4. Other Medical Issues.** (*Please list any medical issues not listed above)*

***5. Current Medications/ Supplements.** (*Please list all you are currently taking)*

***6. Known Allergies/ Intolerances.** (*e.g. gluten, lactose, nuts, dust mite, pollen)*

***7. I give permission for Essence of Nutrition to contact my GP and other treating professionals notifying them of my intended attendance to this dietetic consult.**

☐ Yes ☐ No

***8. I will provide any pathology results I have available during the consult.**

☐ Yes ☐ I don't have copies

***9. I give permission for Essence of Nutrition to obtain my pathology records and contact my GP requesting additional medical information.**

☐ Yes ☐ No

***10. Have you recently been discharged from hospital? Recently includes within the past 6 months**. (If yes *please specify)*

☐ Yes ☐ No