Rachel Doherty
NUTRITIONIST

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CLINICAL NUTRITIONIST + NSA Member

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NEW CLIENT INTAKE FORM - ADULT

Date:	How did you hear about us?

CONTACT DETAILS	
First Name:	Surname:
Address:	
Phone:	
Email Address:	
Name of Emergency Contact:	
Phone:	Relationship to you:

PERSONAL INFORMATION	
Age:	Date of Birth:
Gender: ☐ Female ☐ Male	Marital Status:
Height:	Weight:
Occupation:	Standard work hours/week:
Country of Birth:	Nationality:

MEDICAL INFORMATION	
Doctor's Name:	Contact number:
Date of most recent blood tests:	

HEALTH CONCERNS
What are your main health concerns and primary reason for seeking a consultation today?
Please describe how long you have had these issues? What was going on in your life at the time it started?
What treatments have you tried so far for this problem?
Do you have any other health concerns (related or not)? Any history of conditions/illnesses?

CURRENT MEDICATIONS*	DAILY DOSAGE	HOW LONG TAKEN?

*Include prescription drugs, over-the-counter medicines, sleeping tablets, pain killers etc.

HEALTH SUPPLIMENTS TAKEN*	DAILY DOSAGE	HOW LONG TAKEN?

*Include all vitamins, minerals, herbal and nutritional preparations.

PAST SURGERY
List the types & dates of surgery:

ALLERGIES / INTOLERANCES (includes drugs, supplements, foods, environment)
Name of allergen and type of reaction:

ENERGY
General energy levels out of 10? *(0 = exhausted and 10 = boundless energy)*
How do you feel on waking?
At what time of day do you have the most energy and least energy?

SLEEP	
Do you sleep well at night? ☐ Yes ☐ No	
Time to bed:	
Do you have screens in the bedroom?	
Do you stay asleep? If not, what time do you wake? Toilet?	
Do you get back to sleep?	Do you dream?

PHYSICAL ACTIVITY
Do you exercise? If YES, how often, what kind of exercise and for how long? Do you have any injuries?

FAMILY HISTORY			
Relationship	**Age**	**Living/Deceased**	**Medical problems** *(physical & mental health)*
Mother			
Father			
Brother (s)			
Sister (s)			
Other			

NUTRITIONAL INFORMATION
Please take the time to complete the 3 Day Food Diary (provided as an additional attachment). There is no right or wrong…just be factual and include drinks. What time do you have breakfast?
Are you vegetarian or vegan? If so, for how long?
Do you follow a specific diet? (low carb, low fat, Paleo etc)
Do you have a history of the following? *Check all that apply* ☐ Compulsive over eating ☐ Binge eating disorder ☐ Anorexia ☐ Bulimia ☐ Other
If you have attempted to lose weight in the past, what diets have you tried?
How much water do you drink a day?
How many cups of coffee/black tea do you drink a day?
Do you drink soft drink/energy drinks each day/week? Type?
How much alcohol do you drink each day/week?
Do you smoke cigarettes our use recreational drugs (current or previously)?

STRESS AND EMOTIONAL HEALTH
Do you suffer from anxiety, depression or any other diagnosed mood disorder?
What symptoms do you get?
How long have you had this condition?
Is there anything that makes it better or worse?
Have you ever been on medication in the past for depression or other mood disorder?
Other comments:

FOR WOMEN ONLY
When did you start having periods?
How are they now? Is there pain? Cramping?
Do you experience any other menstrual problems?
How are your moods? When do they change?
If perimenopausal or menopausal, when was your last period? Any symptoms?
How were the birth of any children you have had?
Have you ever or are you currently taking oral contraceptive pill? Other options?

DECLARATION
I declare that the above information is correct and indemnify your practice of liability for any false or misleading statements given. I understand that at times health information will be shared amongst consulting health workers to facilitate best practice healthcare. Further, I understand that I am able to access copies of my records as kept by this practice within 7 days of requesting the same. Signature of client or guardian __________________________________ Date________________

Thank you for completing the New Client Intake Form. Please email to:

hello@racheldoherty.com.au (Ideally 24 hours prior to our consultation or alternatively bring on the day (however we will need to spend time completing during consultation).

The business end…..

- First consultation is approximately 60 minutes. If you have any pathology reports from the last 6-12 months please email 24 hours prior or bring with you.
- If you need to cancel your appointment, please do so 24 hours in advance and receive a confirmation of your cancellation. Notice of at least 24 hours will not incur a fee.