Personal Information

Full name:		**Date:**	
Address: **Street**	**City**	**State**	**Post Code**
Best Contact Number:		**Secondary Contact Number:**	
Email:		**Tick this box if you DO NOT wish to receive our updates/emails: □**	
Date of birth:		**Age:**	
Occupation:		**Spouse/guardian name and number:**	
Health Fund Name:		**Dr:**	

How did you hear about us?

□ Google	**□ Facebook**	**□ Instagram**	**□ Local Directories**	**□ Driving Past**	**□ Voucher**
□ Word of mouth. Who?	**□ What's on in our backyard**	**□ Anytime Fitness**	**□ Curves**	**□ iGym**	**□ Other**

Main reason for visit today:

_____

_____

_____

Medical history (including any surgery/major illness).

_____

_____

_____

Family health history.

_____

_____

_____

What medications/supplements are you currently taking?

_____

_____

_____

Of the conditions below, rate the ones that are affecting you out of ten.

(leave blank the ones which are not)

Poor digestion (reflux/burping/gas/poor appetite/pain/heart burn/bloating/nausea/food intolerances/mucus or blood in stool/anal itching/" irritable bowel"/poor stool quality & quantity)	/10

Pain (intermittent/chronic/acute/recurrent	/10	Skin Problems (itching/eczema/psoriasis/flakey/acne/rash/etc)	/10
Allergies	/10	Fatigue	/10
Insomnia/poor sleep quality	/10	Headaches	/10
Weight (loss/gain)	/10	High cholesterol	/10
High cholesterol	/10	High blood pressure	/10
High blood sugars/diabetes	/10	Pregnancy	/10
Anemia	/10	Muscle pain/cramps	/10
Joint pain	/10	Thyroid disorder	/10
Gallbladder disease	/10	Stress/anxiety/excessive worry/depression/anger	/10
Autoimmune disorder (please specify)	/10	Menstrual disorder PMT/endometriosis/fibroids/polycystic ovarian syndrome/irregular or abnormal bleeding	/10

Menopause	/10	Unusual discharge	/10
Heart palpitations	/10	Urinary difficulties/bladder infections/interstitial cystitis	/10
Asthma/respiratory condition	/10	Carbohydrate/ sugar cravings	/10
Poor concentration	/10	Cancer	/10
Osteoporosis	/10	Arthritis	/10
Environmental exposure or toxicity	/10	Other	/10

Confidentiality

I understand that the Nutritionist will keep all client information private and will not share client information to any third party unless compelled by law or the safety of the public. The service provided by Jessica Cara Nutritionist is interned as an adjunct to, not a replacement to advice given by your medical physician. Nutrition assessments are based on your input. Jessica Cara Nutritionist will not be liable for effects of interventions based on inaccurate, misrepresented and omitted information. Treatment interventions are intended to improve your state of general health and not to diagnose, treat or cure pre-existing health conditions.

Name (block letters) _____

Signature _____ Date _____/_____/_____