



Walla Walla Naturopathic New Patient/Returning Patient CHECKLIST

We are **honored** to serve your health and wellness needs. To help us do this most effectively and efficiently please read and use the following checklist.

___ You need to fill out the “**WWN New Patient Packet**” prior to your first visit or to re-establish care after one calendar year.

- Budget at least 30 minutes to complete the forms.
- The WWN New Patient Packet will be emailed to you, or you can download it from our web page www.wwnaturopathic.com.
- You are welcome to come to the office thirty minutes early and fill it out the form there if you prefer the low-tech method.

___ If you have labs or records from the past year, please bring copies to your visit so we can get you on the road to wellness faster.

___ Please bring your insurance card or a copy of the back and front of your card.

Our office is located on E Birch, between South 1st Avenue and South Colville Street with plenty of parking.

Thank you for your consideration and we look forward to serving you!

Dr. Melissa McClintock/Dr. Julie Figgins
120 E Birch St
Suite 7
Walla Walla, WA 99362
Office 877-486-3122/Fax 877-747-3197
www.WWNaturopathic.com

Walla Walla Naturopathic - Patient Registration

Welcome to Walla Walla Naturopathic, PLLC. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All Information is confidential and is released only with your consent.

Please fill in the blanks below the line.

Patient Name	Today's Date	Date of Birth	Sex	Age
Parent (if Patient is a Minor)				
Patient's Social Security Number		E-Mail Address		
Home Address	City	State	Zip	
Mailing Address if Different	City	State	Zip	
Home Telephone Number		Work Telephone Number		
Occupation		Employer's Name		
Employer's Address	City	State	Zip	
Spouse Name		Employer		
Other Physician's Name				
Whom may we thank for referring you to our practice?				
NOTIFY IN CASE OF EMERGENCY				
Name		Relationship		
Address	City	State	Zip	
Home Telephone		Work Telephone		
Nearest Relative (not living with you)				
Home Telephone		Work Telephone		
FINANCIAL INFORMATION: PERSON RESPONSIBLE FOR FEES				
Name		Telephone		
Address	City	State	Zip	
Insurance Company		Claim Address		
Subscriber's Name		Subscriber's Date of Birth	Subscriber's SSN#	
Insurance ID No.:				
Secondary Insurance		Claim Address		
Subscriber's Name		Subscriber's Date of Birth	Subscriber's SSN#	
Were You Injured on the Job?		YES	NO	Have you Informed Your Employer?
Date of Original Injury:		YES	NO	
Worker's Compensation Carrier Name		Address		

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Welcome to Walla Walla Naturopathic, PLLC. This handout has been prepared for the purpose of providing you as first time patient in the clinic, with information on what to expect, as well as an introduction to the history, philosophy and practice of naturopathic medicine. Enclosed you will find Financial and Privacy terms, as well as a Patient Registration form and Health History Intake. Please take the time to fill these out as completely as possible prior to your visit. Returning these completed forms to our office by fax or in person, along with any relevant labs or medical records, 48 hours prior to your appointment, will better help us prepare for your visit.

Your initial visit will be up to sixty minutes and will include a detailed history of your current health issues and goals, appropriate physical exam and time spent getting to know you, your lifestyle and how you approach your health care.

History of Naturopathic Medicine

As a distinct health care profession, naturopathic medicine is over 100 years old, and has its origins in the philosophy of Hippocrates and the healing wisdom of many cultures.

Principles of Naturopathic Medicine

- First Do No Harm, *Primum Non Nocere*: utilize treatments and substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat. Acknowledge, respect and work with the individual's self-healing process.
- The Healing Power of Nature. *Vis Medicatrix Naturae*. Naturopathic medicine recognizes an inherent, ordered and intelligent self-healing process in every individual. Naturopathic physicians act to identify and remove obstacles to healing, and to facilitate and augment this inherent process.
- Identify and Treat the Cause. *Tolle Causam*. Treat the cause versus the symptoms.
- Doctor as Teacher. *Docere*. The Doctor is responsible for educating and empowering their patient regarding health and disease.
- Treat the Whole Person. Your physical, emotional, spiritual, genetic, environmental and social factors may all be relevant to your health and or healing. More and more research shows that life satisfaction has a strong relationship to physical wellness.
- Prevention. Naturopathic physicians seek to prevent significant disease before it requires higher force interventions such as pharmaceutical drugs and surgery.

It is alright to leave a detailed message to my: (please check all that apply)

- Cellphone
- Email
- Home Phone
- Work Phone

Print Name: _____

Signature: _____

Date: _____

Walla Walla Naturopathic, PLLC: Consent to Treatment

Methods, Procedures and Therapeutic Approaches: The following may be utilized to assess, determine treatment approaches, treat or otherwise address your health concerns.

- Herbs/ Natural Medicine (prescribing of various therapeutic substances, including plants, minerals, vitamins and animal materials. Be SURE TO INFORM YOUR PROVIDER IF YOU ARE VEGETARIAN OR VEGAN. Substances may be given in multiple forms including: teas, powders, capsules, tinctures, elixirs, solid extracts, topical creams, pastes, plasters
- Homeopathic Remedies: highly dilute/ no detectable substance present. Remedies based on natural substances.
- Dietary Advice and Therapeutic Nutrition: Addition, subtractions or modification to the diet. Often includes the patient maintaining a diet and symptom diary. Additional supplementation with vitamins and minerals may occur.
- Hormones and other pharmaceutical prescriptions
- Physical medicine: Such as manual therapy, massage, e-stim, hydrotherapy
- Acupuncture: the use of "healing filaments", sterile, non-hollow needles on acupuncture points as determined by Traditional Chinese Medicine. This is generally a comfortable and relaxing procedure, well tolerated by most people.
- Cupping or Gua Sha: Cupping utilizes suction to bring blood flow to a specific area, often for muscular pain. Gua Sha applies friction to the area also to promote blood flow. Both techniques may leave temporary bruising, which generally may feel slightly tender for a few days while the tissue heals.
- Lifestyle counseling/Exercise prescriptions
- Psychological counseling

Potential Benefits: Restoration of health and well-being, relief from pain and symptoms of disease, improved energy and mental function.

Potential Risks; Pain, discomfort, blistering, discolorations, infection, tissue injury from needle insertion, allergic reactions to herbs or supplements, aggravation of pre-existing condition (usually related to homeopathic treatment). Notice to Pregnant Women: All female patients must alert the Doctor if they know or suspect that they are pregnant as some treatments may pose a risk to the pregnancy.

I understand that I may ask questions regarding any of these treatments if I have concerns before signing this form, and that I am free to withdraw my consent and discontinue treatment at any time. With this knowledge, I voluntarily consent to the above treatments/procedures, realizing that no guarantee of cure have been given to me by Walla Walla Naturopathic, PLLC. Additionally, I understand that Walla Walla Naturopathic services are adjunctive to primary care and the physicians at WWN are not acting as my primary care provider. I hereby acknowledge that I have been advised that it is in my best interest to be established with another primary care provider. I understand that a health record will be kept of the health services provided to me and that this record will be kept confidential and will not be released to others unless so directed by myself or my representative or otherwise permitted or required by law.

I attest that I have read the above, and that I may ask questions or express concern regarding any treatment offered to me by Walla Walla Naturopathic.

Patient's name (Print) _____

Patient's Signature _____

Guardian/Representative Signature _____

Date _____

Date _____

Walla Walla Naturopathic, PLLC: Financial and Privacy Terms

FINANCIAL TERMS:

We are credentialed with many of the major insurance companies. If we are contracted with your insurance company, we will bill your agency for you and bill you for any amount not covered including deductibles and coinsurances. If we are not a preferred provider with your insurance company, we will provide you with a superbill that you may submit to your insurance company for reimbursement. (Generally 50% of the visit fee.) If you choose to pay out of pocket at the time of service, we offer a Time of Service discount to you. Co-pay will be collected at the time of service. Please be aware that it is ultimately your responsibility to know your insurance policy and we highly recommend you confirm naturopathic and acupuncture coverage with your insurance provider prior to your visit. *Please note that herbs and supplements are not covered by insurance plans at this time.*

RATES:

Insurance Billing: We are happy to bill your insurance company for you as an In Network Provider or Out of Network Provider. Co-pay due at time of Service. Please check that your benefits include naturopathic medicine and whether you have a deductible to meet

Time of Service Discount:

First Office Call (Up to one hour) \$187.00

Return Office Call (up to thirty minutes) \$105.00

Massage (55 minutes) \$90.00

Acupuncture Treatment: \$75.00

Brief consult in CHARM messenger \$40.00*

Phone consult (returning your call) \$40.00-\$75.00*

**Billed for consults NOT related to clarifying questions from a visit within the previous two weeks*

I understand that if I am providing insurance billing information that I am responsible for all charges whether or not they are covered by my insurance. I understand that there is a cancellation policy and that I may be billed for missed appointments or appointments canceled with less than forty-eight hours of notice. I further understand that excessively overdue accounts may be forwarded to an outside agency for collection.

PRIVACY TERMS:

Walla Walla Naturopathic, PLLC (WWN) keeps a healthcare record of services provided to you. Applicable state and federal laws protect the confidentiality of your record and grant you the right to see or obtain a copy of your record. Moreover, if you believe the information in your record is inaccurate, you may also request that we correct or amend that record. WWN will not disclose your medical record to others unless you direct us in writing to do so or applicable laws authorize or compel us to do so. WWN is required to provide you with a copy of its Notice of Privacy Practices and to obtain written acknowledgement that you have received it. The notice outlines the types of uses and disclosures that may occur involving your protected health information, describes your rights and explains how you may exercise those rights. Please read it carefully. If you have questions concerning the management of your medical record, wish to inquire about your rights or schedule an appointment to view your record, please contact us with your concerns or questions.

I hereby acknowledge that I have received a copy of Walla Walla Naturopathic's Notice of Privacy Practices and Financial Policy.

Patient's name (Print) _____

Patient's Signature _____

Guardian/Representative Signature _____

Date _____

Date _____

Additional Office Policies

On-call and after hours concerns: WWN does not offer on-call services or after hours appointments. If a concern should arise for you outside of normal business hours, please contact your primary care provider or go to Urgent Care/ER. If your concern is not urgent, you may leave a message and we will do our best to get back to you within 48 business hours.

Prescription Refill Policy: At WWN, we take management of prescription medications seriously, and need to monitor accordingly. At your office visit, we will authorize enough refills until your next recommended appointment. ***PLEASE MAKE SURE TO SCHEDULE YOUR FOLLOW UP APPOINTMENT PRIOR TO RUNNING OUT OF YOUR PRESCRIPTION REFILLS.*** Also, please have any pertinent labs the doctor has ordered drawn prior to that visit. In extenuating circumstances, we will authorize up to four weeks of refills to allow you time to get labs and follow up scheduled. In these cases, please have your pharmacy send us a refill request, and allow up to 3 business days for refills to be authorized.

House Calls: May be available upon request. House calls are typically not covered by insurance and will be billed at the same rate as office visit, plus a modest travel fee.

Phone/Telemedicine appointments: Will be billed at the same rate as in office appointments and are available only to residents of Washington. Phone and telehealth appointments in many cases are not covered by insurance.

Questions regarding a previous visit: Simple questions or clarifications on your given treatment plan will be gladly addressed at no charge. If a new complaint arises, or further work-up is warranted, a follow up visit will need to be scheduled.

Non-covered services agreement: There may be times when we recommend lab tests or treatments that are not covered by your insurance. We will always notify you ahead of time so you can decide whether or not you want to take our recommendation. The list below is typically not covered by insurance:

- Vitamin B12 or B Complex intramuscular injections for purposes other than B12 deficiency
- Labs: IgA, IgG or IgE Food Sensitivity Testing; Saliva Testing for adrenal hormones, female hormones, or other hormones; Urine Testing for Neurotransmitters; Urine testing for environmental pollutants; Comprehensive Stool Analysis; Genetic testing for MTHFR; Vitamin D; any other lab your insurance company deems as not medically necessary.
- Prescription Supplements
- Weight Loss Services
- Functional Medicine Living Matrix Analysis
- Medicare will not cover any labs ordered by a naturopathic physician

I hereby acknowledge that I understand and accept Walla Walla Naturopathic's above office policies and non-covered services:

Patient's name (Print) _____

Patient's Signature _____

Date _____

Guardian/Representative Signature _____

Date _____

Metabolic Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

Please list your 5 major health concerns in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

PART II

Please circle the appropriate number on all questions below. 0 as the least/never to 3 as the most/always.

<p>Category I</p> <p>Feeling that bowels do not empty completely 0 1 2 3</p> <p>Lower abdominal pain relieved by passing stool or gas 0 1 2 3</p> <p>Alternating constipation and diarrhea 0 1 2 3</p> <p>Diarrhea 0 1 2 3</p> <p>Constipation 0 1 2 3</p> <p>Hard, dry, or small stool 0 1 2 3</p> <p>Coated tongue or "fuzzy" debris on tongue 0 1 2 3</p> <p>Pass large amount of foul-smelling gas 0 1 2 3</p> <p>More than 3 bowel movements daily 0 1 2 3</p> <p>Use laxatives frequently 0 1 2 3</p> <p>Category II</p> <p>Increasing frequency of food reactions 0 1 2 3</p> <p>Unpredictable food reactions 0 1 2 3</p> <p>Aches, pains, and swelling throughout the body 0 1 2 3</p> <p>Unpredictable abdominal swelling 0 1 2 3</p> <p>Frequent bloating and distention after eating 0 1 2 3</p> <p>Abdominal intolerance to sugars and starches 0 1 2 3</p> <p>Category III</p> <p>Intolerance to smells 0 1 2 3</p> <p>Intolerance to jewelry 0 1 2 3</p> <p>Intolerance to shampoo, lotion, detergents, etc 0 1 2 3</p> <p>Multiple smell and chemical sensitivities 0 1 2 3</p> <p>Constant skin outbreaks 0 1 2 3</p> <p>Category IV</p> <p>Excessive belching, burping, or bloating 0 1 2 3</p> <p>Gas immediately following a meal 0 1 2 3</p> <p>Offensive breath 0 1 2 3</p> <p>Difficult bowel movements 0 1 2 3</p> <p>Sense of fullness during and after meals 0 1 2 3</p> <p>Difficulty digesting fruits and vegetables; undigested food found in stools 0 1 2 3</p> <p>Category V</p> <p>Stomach pain, burning, or aching 1-4 hours after eating 0 1 2 3</p> <p>Use of antacids 0 1 2 3</p> <p>Feel hungry an hour or two after eating 0 1 2 3</p> <p>Heartburn when lying down or bending forward 0 1 2 3</p> <p>Temporary relief by using antacids, food, milk, or carbonated beverages 0 1 2 3</p> <p>Digestive problems subside with rest and relaxation 0 1 2 3</p> <p>Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine 0 1 2 3</p> <p>Category VI</p> <p>Roughage and fiber cause constipation 0 1 2 3</p> <p>Indigestion and fullness last 2-4 hours after eating 0 1 2 3</p> <p>Pain, tenderness, soreness on left side under rib cage 0 1 2 3</p> <p>Excessive passage of gas 0 1 2 3</p> <p>Nausea and/or vomiting 0 1 2 3</p> <p>Stool undigested, foul smelling, mucus like, greasy, or poorly formed 0 1 2 3</p> <p>Frequent urination 0 1 2 3</p> <p>Increased thirst and appetite 0 1 2 3</p>	<p>Category VII</p> <p>Abdominal distention after consumption of fiber, starches, and sugar 0 1 2 3</p> <p>Abdominal distention after certain probiotic or natural supplements 0 1 2 3</p> <p>Lowered gastrointestinal motility, constipation 0 1 2 3</p> <p>Raised gastrointestinal motility, diarrhea 0 1 2 3</p> <p>Alternating constipation and diarrhea 0 1 2 3</p> <p>Suspicion of nutritional malabsorption 0 1 2 3</p> <p>Frequent use of antacid medication 0 1 2 3</p> <p>Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/ Diverticulitis, or Leaky Gut Syndrome? Yes No</p> <p>Category VIII</p> <p>Greasy or high-fat foods cause distress 0 1 2 3</p> <p>Lower bowel gas and/or bloating several hours after eating 0 1 2 3</p> <p>Bitter metallic taste in mouth, especially in the morning 0 1 2 3</p> <p>Burpy, fishy taste after consuming fish oils 0 1 2 3</p> <p>Difficulty losing weight 0 1 2 3</p> <p>Unexplained itchy skin 0 1 2 3</p> <p>Yellowish cast to eyes 0 1 2 3</p> <p>Stool color alternates from clay colored to normal brown 0 1 2 3</p> <p>Reddened skin, especially palms 0 1 2 3</p> <p>Dry or flaky skin and/or hair 0 1 2 3</p> <p>History of gallbladder attacks or stones 0 1 2 3</p> <p>Have you had your gallbladder removed? Yes No</p> <p>Category IX</p> <p>Acne and unhealthy skin 0 1 2 3</p> <p>Excessive hair loss 0 1 2 3</p> <p>Overall sense of bloating 0 1 2 3</p> <p>Bodily swelling for no reason 0 1 2 3</p> <p>Hormone imbalances 0 1 2 3</p> <p>Weight gain 0 1 2 3</p> <p>Poor bowel function 0 1 2 3</p> <p>Excessively foul-smelling sweat 0 1 2 3</p> <p>Category X</p> <p>Crave sweets during the day 0 1 2 3</p> <p>Irritable if meals are missed 0 1 2 3</p> <p>Depend on coffee to keep going/get started 0 1 2 3</p> <p>Get light-headed if meals are missed 0 1 2 3</p> <p>Eating relieves fatigue 0 1 2 3</p> <p>Feel shaky, jittery, or have tremors 0 1 2 3</p> <p>Agitated, easily upset, nervous 0 1 2 3</p> <p>Poor memory/forgetful 0 1 2 3</p> <p>Blurred vision 0 1 2 3</p> <p>Category XI</p> <p>Fatigue after meals 0 1 2 3</p> <p>Crave sweets during the day 0 1 2 3</p> <p>Eating sweets does not relieve cravings for sugar 0 1 2 3</p> <p>Must have sweets after meals 0 1 2 3</p> <p>Waist girth is equal or larger than hip girth 0 1 2 3</p> <p>Frequent urination 0 1 2 3</p> <p>Increased thirst and appetite 0 1 2 3</p> <p>Difficulty losing weight 0 1 2 3</p>
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Category XII			
Cannot stay asleep	0	1	2 3
Crave salt	0	1	2 3
Slow starter in the morning	0	1	2 3
Afternoon fatigue	0	1	2 3
Dizziness when standing up quickly	0	1	2 3
Afternoon headaches	0	1	2 3
Headaches with exertion or stress	0	1	2 3
Weak nails	0	1	2 3
Category XIII			
Cannot fall asleep	0	1	2 3
Perspire easily	0	1	2 3
Under a high amount of stress	0	1	2 3
Weight gain when under stress	0	1	2 3
Wake up tired even after 6 or more hours of sleep	0	1	2 3
Excessive perspiration or perspiration with little or no activity	0	1	2 3
Category XIV			
Edema and swelling in ankles and wrists	0	1	2 3
Muscle cramping	0	1	2 3
Poor muscle endurance	0	1	2 3
Frequent urination	0	1	2 3
Frequent thirst	0	1	2 3
Crave salt	0	1	2 3
Abnormal sweating from minimal activity	0	1	2 3
Alteration in bowel regularity	0	1	2 3
Inability to hold breath for long periods	0	1	2 3
Shallow, rapid breathing	0	1	2 3
Category XV			
Tired/sluggish	0	1	2 3
Feel cold—hands, feet, all over	0	1	2 3
Require excessive amounts of sleep to function properly	0	1	2 3
Increase in weight even with low-calorie diet	0	1	2 3
Gain weight easily	0	1	2 3
Difficult, infrequent bowel movements	0	1	2 3
Depression/lack of motivation	0	1	2 3
Morning headaches that wear off as the day progresses	0	1	2 3
Outer third of eyebrow thins	0	1	2 3
Thinning of hair on scalp, face, or genitals, or excessive hair loss	0	1	2 3
Dryness of skin and/or scalp	0	1	2 3
Mental sluggishness	0	1	2 3
Category XVI			
Heart palpitations	0	1	2 3
Inward trembling	0	1	2 3
Increased pulse even at rest	0	1	2 3
Nervous and emotional	0	1	2 3
Insomnia	0	1	2 3

Category XVI (Cont.)			
Night sweats	0	1	2 3
Difficulty gaining weight	0	1	2 3
Category XVII (Males Only)			
Urination difficulty or dribbling	0	1	2 3
Frequent urination	0	1	2 3
Pain inside of legs or heels	0	1	2 3
Feeling of incomplete bowel emptying	0	1	2 3
Leg twitching at night	0	1	2 3
Category XVIII (Males Only)			
Decreased libido	0	1	2 3
Decreased number of spontaneous morning erections	0	1	2 3
Decreased fullness of erections	0	1	2 3
Difficulty maintaining morning erections	0	1	2 3
Spells of mental fatigue	0	1	2 3
Inability to concentrate	0	1	2 3
Episodes of depression	0	1	2 3
Muscle soreness	0	1	2 3
Decreased physical stamina	0	1	2 3
Unexplained weight gain	0	1	2 3
Increase in fat distribution around chest and hips	0	1	2 3
Sweating attacks	0	1	2 3
More emotional than in the past	0	1	2 3
Category XIX (Menstruating Females Only)			
Perimenopausal		Yes	No
Alternating menstrual cycle lengths		Yes	No
Extended menstrual cycle (greater than 32 days)		Yes	No
Shortened menstrual cycle (less than 24 days)		Yes	No
Pain and cramping during periods	0	1	2 3
Scanty blood flow	0	1	2 3
Heavy blood flow	0	1	2 3
Breast pain and swelling during menses	0	1	2 3
Pelvic pain during menses	0	1	2 3
Irritable and depressed during menses	0	1	2 3
Acne	0	1	2 3
Facial hair growth	0	1	2 3
Hair loss/thinning	0	1	2 3
Category XX (Menopausal Females Only)			
How many years have you been menopausal?		_____ years	
Since menopause, do you ever have uterine bleeding?		Yes	No
Hot flashes	0	1	2 3
Mental foginess	0	1	2 3
Disinterest in sex	0	1	2 3
Mood swings	0	1	2 3
Depression	0	1	2 3
Painful intercourse	0	1	2 3
Shrinking breasts	0	1	2 3
Facial hair growth	0	1	2 3
Acne	0	1	2 3
Increased vaginal pain, dryness, or itching	0	1	2 3

PART III

How many alcoholic beverages do you consume per week? _____

Rate your stress level on a scale of 1-10 during the average week: _____

How many caffeinated beverages do you consume per day? _____

How many times do you eat fish per week? _____

How many times do you eat out per week? _____

How many times do you work out per week? _____

How many times do you eat raw nuts or seeds per week? _____

List the three worst foods you eat during the average week: _____

List the three healthiest foods you eat during the average week: _____

PART IV

Please list any medications you currently take and for what conditions:

Please list any natural supplements you currently take and for what conditions:

Patient Name: _____

Date: _____

Health History

Welcome to Walla Walla Naturopathic, PLLC. To provide you with the best, most comprehensive care possible, we request that you provide the following information. All information is held strictly confidential and is released only with your written permission.

Presenting Problem(s)					Doctor Notes:	
Family Medical History: Adopted /Past or Personal Medical History						
	Yes	No	Self	Other		Year
Allergies, hay fever						
Liver/Gall Bladder Disease Jaundice						
Lung Disease Empysema Asthma						
Heart Disease/Stroke High Blood Pressure High Cholesterol Obesity						
Bleeding problems						
Stomach/Intestinal/Pancreatic Disease						
Kidney Disease						
Neurological Disease Epilepsy/Seizures Headaches						
Endocrine Disease Thyroid issues/goiter						
Depression/Anxiety/Psychosis						
Infectious Diseases						
Environmental exposure to toxins/chemicals						
Osteoporosis						
Autoimmune Disease						

OTHER <i>Please list</i>				
Major Surgeries:				
Drug Allergies:				
Prescription Medications	Dates	Supplements and Over the Counter Medications	Dates	

Dietary Habits:

What is your diet like?
Please describe an average/representative day.

Do you eat breakfast?

What do you eat for:

Lunch:

Dinner:

Snacks:

Type and amount of Beverages/Water:

Amount of Coffee/Alcohol :

Dietary restrictions/allergies?

Do you enjoy food?

Do you cook?

Exercise:

Do you exercise regularly?(Type and Frequency)

Do you feel better or worse after exercise?

Do you enjoy your exercise?

If you do not exercise, what do you feel is causing you not to do so?

Sleep:

Do you wake rested in the morning?

How many hours of sleep do you get?

Do you go to bed and wake up on a regular schedule.

Social:

Do you have positive relationships that you are satisfied with?

Is your home a safe and comforting place?

Does your job/career give you satisfaction?

Do you feel joy in your life?

What gives you happiness?

Do you have enough time for yourself?

Do you have positive self-esteem?

Negative Stress:

What in your life is causing you significant stress?

Do you feel isolated/without community?

Do you have concerns about tobacco/drug/eating or other addictive issues?

Reproductive:

Are you or could you be pregnant? Y N

If yes, how far along are you?

Diet and Symptom Diary	