

## HEALTH QUESTIONNAIRE

This Consultation Form will assist your therapist in preparing advice about Regulo™.

All information is strictly confidential & remains the property of \_\_\_\_\_ (clinic name)

Please read the label of Regulo™ and all dietary supplements before usage and consult your healthcare professional.

Name _____	D.O.B _____
Address _____	Weight _____ Height _____
Email _____	Measure waist circumference _____
Mobile _____	Measure around the buttocks _____

Please list your main health concerns \_\_\_\_\_

Current medical concerns:

Cancer    Diabetes    Blood Pressure    Heart Disease    Hepatitis    Seizures    Kidney Stones

Other: \_\_\_\_\_

Please answer yes or no if you suffer from the following and give a rating of 0 to 10 on the severity.

0 being none, 5 indicates moderate, 10 indicates all the time.

	Please circle Y or N	Rating 0-10		Please circle Y or N	Rating 0-10
Constipation	Y N	___	Rhinitis or sinusitis	Y N	___
Diarrhoea	Y N	___	Asthma	Y N	___
Alternating constipation & diarrhoea	Y N	___	Bronchitis	Y N	___
Irritable bowel syndrome	Y N	___	Cough	Y N	___
Reflux	Y N	___	Viruses	Y N	___
Bad breath	Y N	___	Allergies may be an indication of compromised digestive health.		
Nausea	Y N	___	Food allergy, intolerance or sensitivity	Y N	___
Gas	Y N	___	These are clues that indicate you are not digesting your food thoroughly, and the resulting immune reaction in your intestines is inflaming the delicate gut lining.		
Bloating after eating	Y N	___	Skin problems like itchy skin	Y N	___
Crohn's Disease	Y N	___	Acne	Y N	___
Diverticulitis	Y N	___	Rosacea	Y N	___
Weight around the mid-section	Y N	___	Psoriasis	Y N	___
Find it hard to lose weight	Y N	___	Dermatitis	Y N	___
Insulin resistance, type 2 diabetes	Y N	___	Eczema	Y N	___
Abdominal pain	Y N	___	If the skin on the outside of your body is inflamed, it may be indication that your skin on the inside is also inflamed.		
Pain in the rectum/lower back pain	Y N	___	Hair loss, thinning	Y N	___
Hay fever	Y N	___			

## FOOD CRAVINGS

If yes what type of food?

### Average Daily Diet:

Morning \_\_\_\_\_

Afternoon \_\_\_\_\_

Evening \_\_\_\_\_

Do you feel tired after eating?

Do you have an energy slump during the day

What time? \_\_\_\_\_

Habits (Please specify amount per day)

Cigarettes  Coffee  Tea  Cola

Drugs  Sugar  Salt  Other (Pls \_\_\_\_\_)

## SLEEP

What time do you go to bed? \_\_\_\_\_

Do you sleep well? **Y N Sometimes**

Do you wake easily and find it easy to get out of bed? **Y N Sometimes**

Rate your energy levels \_\_\_\_\_

## MOOD DISORDERS

Anxiety **Y N** \_\_\_\_\_

Easily stressed **Y N** \_\_\_\_\_

Depression **Y N** \_\_\_\_\_

Angry **Y N** \_\_\_\_\_

Bad temper **Y N** \_\_\_\_\_

Mood swings **Y N** \_\_\_\_\_

Attention Deficit **Y N** \_\_\_\_\_

Hyperactivity Disorder (ADHD)

Harmful bugs in your intestines produce toxins that may travel right through your bloodstream and they may cross through your blood brain barrier. These toxins may disrupt the production of neurotransmitters in your brain and negatively affect your mood.

Please circle Y or N Rating 0-10

**Y N** \_\_\_\_\_

## THYROID PROBLEMS

### Diagnosis of an autoimmune disease

There is research to link between autoimmune disease and leaky gut syndrome. There are 81 recognised autoimmune diseases; the most common ones are Hashimoto's thyroiditis, rheumatoid arthritis and psoriasis.

### Joint pain

This may be a symptom of an inflamed gut. Toxins that enter the bloodstream through the gut lining typically lodge in the joints and create pain and inflammation.

ed pain or stabbing?

s do you have per week? \_\_\_\_\_

s do you have per day? \_\_\_\_\_

ation

Medications taken in the last 6 months?

Please list any allergies

Are you pregnant or trying to get pregnant? **Y N** \_\_\_\_\_

Are you breastfeeding? **Y N** \_\_\_\_\_

Do you plan on having surgery? **Y N** \_\_\_\_\_

Please describe if you have suffered any illnesses or surgeries in the past 12 months?

Please describe any gynecological problems? PCOS, endometriosis, irregular periods? Menopause? Breast lumps?

Please list any health problems that have not been covered

Please advise any treatment plans or medical advice you have been given

## CONSENT

I have completed my pre treatment medical history form and have informed my therapist of any pre existing skin or other medical conditions or treatments or medicines.

Although AMARCO Enterprises Pty Limited, trading as Regul8™ Pty Ltd, endeavours to ensure that all clients receive the best possible care and results, at no time does it make any guarantees or undertakings that any Regul8™ treatment or product will cure, alleviate, prevent, eliminate, or retard any injury, illness or condition.

I acknowledge that it is recommended that I consult with my healthcare professional before and whilst taking Regul8™.

SIGN \_\_\_\_\_

## PRIVACY POLICY

My personal information is used for the purpose of preparing information and advice about Regul8™.

I agree  for my contact details be used to receive information about Regul8™ including direct mailers and promotional materials via email YES  or NO  and/or sms messages YES  or NO  about Regul8™.

I agree  for my contact details to be used to receive promotions and other advertising by the clinic.

I understand that I have the right to request a copy of a Privacy Policy from the therapist/clinic.

DATE \_\_\_\_\_