

Please complete **by hand if possible** and ensure form arrives with me **THE WEEK BEFORE** our appointment. Include **ALL THE INFORMATION YOU KNOW** even if we have had recent discussions about your situation. If you haven't got access to a printer please email me at nutrition@dawnwaldron.com for an editable version.

Client Update Questionnaire

CONFIDENTIAL

Your name	Date of birth (and age)	Today's date
Original diagnosis - type, grade, stage etc.	Receptor Status	Date of original diagnosis
What would you like to focus on in our meeting?		
<input type="checkbox"/> general diet improvement and meal plans <input type="checkbox"/> lifestyle improvement - sleep, exercise, fasting, etc. <input type="checkbox"/> supplement review <input type="checkbox"/> stress management <input type="checkbox"/> preparation for surgery <input type="checkbox"/> preparation for chemotherapy <input type="checkbox"/> preparation for radiotherapy <input type="checkbox"/> change in diagnosis (please be specific opposite) <input type="checkbox"/> change of drug regime <input type="checkbox"/> immunotherapy <input type="checkbox"/> new symptoms <input type="checkbox"/> new blood tests <input type="checkbox"/> new functional tests (e.g. DUTCH test) <input type="checkbox"/> nutrigenetic testing (e.g. Lifecode Results) <input type="checkbox"/> other test or scan results (please be specific) <input type="checkbox"/> joining a clinical trial <input type="checkbox"/> other (explain)	Please provide specific details of new drugs, treatments, scans, tests change of diagnosis in this box and include documents:	
Has your diagnosis, prognosis or treatment plan changed? (Any clinical trials?)		
Have you had any blood tests/scans etc? (please explain/enclose)		
What treatment have you had since our last appointment?		
What future treatment is planned?		

What medication are you taking?	What supplements are you taking? (please list all of them, not just the ones I have recommended)	
Have you developed any new health problems or symptoms?		
Tell me about your sleep, exercise, stress, anxiety? Highlight any changes since we last met.		
Has anything significant changed in your work, personal or home life?		
Have you gained or lost weight? (how much).	Original weight:	Current weight:
Have you been able to follow my nutrition and lifestyle recommendations?		
What else are you doing to look after your health?		
Has anything or anyone else affected your health choices?		
Are you still under the care of your GP and/or oncologist? And have you shared your plans with them?		
Have your contact details changed?		

What do you normally eat and drink...(please think about week days and weekends too)	
...when you wake up	
...breakfast	
...lunch	
...dinner	
...snacks	
...drinks tea, coffee, water, alcohol, other?	
What factors influence your meal planning?	low fat, low carb, whole grain, unrefined, low sugar, low calorie, low GI, low cholesterol, organic, quick, free-range, fresh, grass-fed, easy, non-GMO, cheap, lots of flavour, not spicy, environmentally conscious
What is your idea of a super-healthy meal?	
How many meals/snacks do you eat and at what time?	
What fats or oils do you cook with? And dress food with?	
Favourite foods?	
Foods you dislike?	
Foods you crave?	
What would be hard to give up?	
What do you eat/drink as treat?	
What foods do you avoid/reduce?	
What foods do you avoid/worry about since diagnosis?	
Are you pregnant. breast feeding or trying to conceive?	
Anything else I should know?	
Please send scan or high resolution photos by email at least 48 hours before we meet	Signed _____ Date _____