

Please complete **BY HAND** and ensure form arrives with me by email or post **THE WEEK BEFORE** our appointment.
 Include **ALL THE INFORMATION YOU KNOW** even if we have had recent discussions about your situation.

Treatment Optimisation Questionnaire

CONFIDENTIAL

Your full name		COMPLETE BY HAND NOT BY TYPING	
Date of birth (and age)	Date of diagnosis	Today's date	
Your contact address & postcode		How did you hear about me?	
GP name, address & postcode			
Daytime phone number	Mobile phone number		
Occupation	Email address		
Genetic background? e.g. English/Irish/Mediterranean/Asian etc.			
Please provide as much of the following information as you can even if you have told me in previous conversations.			
Menopausal? Yes/No/Age	When was your last period?	Height (cm) / Waist (cm)	Current Weight (kg)
Highest & lowest adult weight	Over or underweight?	Fasting glucose/HbA1c	Blood pressure
Type of Cancer:			
Receptor Status	Grade	Stage	Lymph involvement?
Metastases? (if so, please give locations)			
Please share any other prognostic indicators e.g. tumour markers, oncoblot testing, BRCA status, recurrence score etc.			
Have you had any unusual/abnormal blood test results? YES/NO Details			
Any other diagnosed medical conditions? e.g. diabetes, heart disease, osteoporosis. History of breast problems? Cysts, lumps?			
Are you happy with your medical treatment? YES/NO Details			
Have you refused any medical treatment? YES/NO Details			

Please give full details of ALL cancer treatment you have had in the past - and give the dates of the treatment

Please give full details of ALL treatment you are preparing for in our work together - and give expected dates

Please give details of any future treatments or surgeries you due to have in future? (give dates)

Do you have medically identified allergies/intolerance? YES/NO Details

Apart from your GP, who else is helping you with your health problems, and in what capacity?

Medication

Please list ANY prescribed drugs or remedies e.g. antihistamine/painkillers you regularly take. Use a separate sheet if necessary:

Medication name & brand	Dose	Condition being addressed	Frequency	Start date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

Food choices

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 are important when planning your food?	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, environmentally friendly, lots of flavour, not spicy
What is your idea of a super-healthy meal?	
How many meals/snacks do you eat and at what times in the day?	
What fats or oils do cook with?	
What are your favourite foods?	
What foods do you dislike?	
What foods do you crave?	
What would be hard to give up?	
What do you avoid/reduce for health or ethical reasons?	
What food do you avoid/worry about since cancer diagnosis?	
What do you eat/drink as treat?	
What supplements do you take? (If many, please send a photo)	
What exercise do you do?	
How much time outdoors?	

Client Agreement - Please read this and consider carefully before signing below

I am keenly aware, and I'm sure you are too, that there is currently considered to be 'no cure' for cancer. Even though the NHS does its best via your oncologist there are no guarantees and there is a possibility that some of the treatment you undergo may do more harm than good. Nutritional Therapy (NT) is no different: there is no guarantee that the work we do together will be effective, and a small chance that it may make things worse. That's because we don't yet understand exactly how cancer works, why it comes, and why it goes. Please understand that it is not my aim to 'treat' cancer - something that is illegal in the UK for anyone but a medical doctor. My work is based on the understanding that a healthy body has an innate healing capacity. My aim is to give you the information to restore your body as far as possible to equilibrium so that it can defend itself.

I am a trained and registered nutritional therapist, a life coach and a cancer survivor with a personal and professional interest in staying disease free myself. As a sole practitioner there are limits to my time and ability to stay up to date with all the latest research. All practitioners operate (consciously or subconsciously) from a belief system and 'interpret' evidence accordingly. My work is primarily evidence based but I also use instinct, experience and common sense when making recommendations. Some health professionals and educated lay persons have different views and it is up to you to satisfy yourself whose advice you want to follow.

NT is the application of nutrition science in the promotion of health, performance and individual care; practitioners use a wide range of tools to assess and identify potential nutritional imbalances and understand how these may contribute to symptoms and health concerns. This approach allows them to work with individuals to address nutritional balance and help support the body towards maintaining health. Nutritional therapy is recognised as a complementary medicine and is relevant for individuals with chronic conditions, as well as those looking for support to enhance their health and wellbeing. Practitioners consider each individual to be unique and recommend personalised nutrition and lifestyle programmes rather than a 'one size fits all' approach. Practitioners never recommend nutritional therapy as a substitute for medical advice and/or treatment and always refer any client with 'red flag' signs or symptoms to their medical professional. Cancer is a 'red flag' symptom. The degree of benefit obtainable from Nutritional Therapy may vary between clients with similar health problems following a similar Nutritional Therapy programme. Standards of professional practice in Nutritional Therapy are governed by the CNHC Code of Conduct.

You agree to:

- **maintain contact with your GP/oncologist and inform your medical team of any health concerns you may have**
- **tell your GP/oncologist and any other practitioners who are helping you about the nutrition strategy we have agreed together**
- **tell me about any medical diagnosis, medication, clinical trials, herbal medicine, or supplements**
- **let me know any changes to the above information for the duration of the time we are working together**
- **treat my advice as 'complementary' (in addition) to your medical treatment rather than 'alternative' (instead of)**
- contact me as soon as possible if you are worried or unclear about any of the advice I have provided
- contact me if you plan to continue taking supplements beyond the time frame I have recommended especially if medical treatment changes
- recognise that the advice I provide is personal to you and may not be appropriate for others
- take personal responsibility for implementing the advice I provide, or for choosing not to

I agree to:

- provide nutrition and lifestyle advice tailored to your personal situation based on evidence and experience
- recommend the most appropriate supplements and tests based on my current knowledge, and only when necessary/appropriate
- follow my BANT/CNHC code of conduct and maintain my professional development, registration and insurance
- keep all information you share with me safe and confidential (see data storage clause below)
- provide the opportunity to reschedule appointments or receive a refund if reasonable notice is provided (see booking page)
- support you to the best of my ability and make referral recommendations if I feel I can no longer help

Please read all the notes above and sign this form to agree that our professional relationship will be based on the above understanding and indicate that you have disclosed all relevant information relating to your current state of health.

Signed _____ Date _____

Storing your data

In order to provide you with advice I will store personal information which may include family and health history, medical and genetic data, address, gender, ethnicity, disability and lifestyle habits. While we are working together I will store information on paper and/or digitally on my desktop computer and in the cloud: password protected but not encrypted. My consulting room is inside my home. I will not share your information with any third parties without your consent unless I am legally required to do so. Once we have completed our work together, all paper will be scanned, shredded, and recycled within 1 year. Digital records will be deleted after 8 years. You are entitled to request a copy of any information I hold about you. I may contact you by email with details of my services from time to time. If you are happy with this arrangement **please sign below**. I understand and accept your information storage arrangements

Signed _____ Date _____

Please photograph, scan or send me your completed questionnaire to reach me by **the Friday before** our first appointment.

By **post** to Dawn Waldron, 16 Modest Corner, Tunbridge Wells, TN4 0LS or **email** dawnwaldron@mac.com with scans or **high resolution** photos.