
Pre-consultation Questionnaire

The consultation will involve very detailed notes and to help with this process I would be grateful if you would complete the following, this is to help with information you may not have at your fingertips and to aide with remembering what happened in early years. These can be quite brief as they will be explored further and more fully at the consultation. Thank you.

Name:

Address:

Date of birth:

Current age:

Home Tel:

Work:

Mobile:

Email:

Occupation:

Hobbies:

What form of exercise do you take regularly?

Height:

Weight:

Do you smoke?: Yes / No

Do you consume alcohol?: Yes / No

Doctor:

Surgery address:

Dr. Tel:

Supplements taken:

Medical history from birth to 4 years old:

Medical history from 5 years old to 12 years old:

Medical history from 13 years old to 20 years old:

Medical history from 21 years old to 30 years old:

Medical history from 31 years old to 50 years old:

Medical history from 51 years old to 70 years old:

Medical history after 71 years old:

Do you know of anything you are allergic to?: Yes / No

If yes, to what?

Present condition / reason for consultation:

Medications taken for this:

Number of Pregnancies:

Ages of children:

Health of yourself during each pregnancy:

Birth of each child: gas & air / pethidine injection / other drug / normal birth / breach / forceps / caesarean / other incidences:

Health of your children to date:

I need information about the health of your mother during her pregnancy with you.

Health of mother throughout pregnancy?

Any problems at birth: / gas & air / pethidine injection / other drug?

Did your mother drink alcohol or smoke during her pregnancy?

Were you a normal birth / breach / forceps / caesarean / other incidences?

Did you have any problems immediately after birth?

Were you breast or bottle fed?

Did you feed well?

What type of diet do you currently eat? Vegetarian / Vegan / Average / other?

What are your favourite foods?

What foods do you dislike?

Do you add salt to cooking or at the table?

What flavours do you like e.g. salty, savoury, sweet, sour etc.?

What was your diet like as a teenager?

What was your diet like as a child?

At what age did you start menstruating?

Did you suffer with the usual childhood illnesses e.g. chicken pox, measles, etc.?

Did you receive immunisations as a child?

If so, for what at what age?

Please list any illnesses/operations from birth to date – the order is not important.

Date / Age	Condition	Drugs/treatment
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

I need some history of your family's health, particularly allergies, this you may need to investigate; as the more you can tell me the better I can interpret your own health issues. Normal childhood illnesses e.g. chicken pox need not be included.

Parents:

Age of father:		Age of mother:
Any current illnesses?		Any current illnesses?
History of serious illness throughout life:		History of serious illness throughout life:
Lifestyle:		Lifestyle:

Siblings:

Age:	Current/previous illnesses:
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Age:	Current/previous illnesses:
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Age:	Current/previous illnesses:
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Aunts & Uncles:

Please note ages (approx. if unknown) and any illnesses they have/have had:

Paternal:		Maternal
Age:		Age:
Current/previous illnesses:		Current/previous illnesses:
Age:		Age:
Current/previous illnesses:		Current/previous illnesses:
Age:		Age:
Current/previous illnesses:		Current/previous illnesses:
Age:		Age:
Current/previous illnesses:		Current/previous illnesses:

Grandparents:

Paternal:		Maternal
Grandmother Age:		Grandmother Age:
Current/previous illnesses:		Current/previous illnesses:
Grandfather Age:		Grandfather Age:
Current/previous illnesses:		Current/previous illnesses:

Have any other close relations suffered allergies? Please note ages and illnesses e.g. 1st cousins, nephews and nieces.

Please complete this food diary similarly to the following example for the whole 7 days starting from the agreed date.

EXAMPLE:

Food Diary Saturday 26 / 05 /2018

Time	Food/Drink	Quantity	Reaction	commenced
8.00 Breakfast	Muesli Soy Milk	4oz 200ml	None None	
11am	Coffee made with water & cow's milk & sugar	1tsp 200ml 50ml 2tsp	Felt high for about 30 mins	10 mins after drinking
12pm	Glass of water shortbread biscuit	400ml 1 small	None	
1.30pm Lunch	Ham sandwich on white bread with butter, cup of tea with cow's milk & sugar	2 slices bread 2 slices ham 2oz butter 1 tea bag 50ml 2tsp	Itchy mouth	As soon as I finished eating
4pm	Cup of tea with cow's milk & sugar Chocolate digestive biscuit	1 teabag 50ml 2tsp 2	None	
6pm Dinner	Grilled white fish – cod Broccoli, carrots New potatoes Glass of water	60oz 4oz 6oz 5 small 400ml	None	
8pm	Glass of white wine	250ml	None	
10pm	Mug of Horlicks – all milk Choc digestive biscuits	300ml 2	Itchy mouth	As soon as I finished it

Food Diary Monday ___/___/2018

Time	Food/Drink	Quantity	Reaction	commenced

Food Diary Tuesday ___/___/2018

Time	Food/Drink	Quantity	Reaction	commenced

Food Diary Wednesday __/__/2018

Time	Food/Drink	Quantity	Reaction	commenced

Food Diary Thursday __/__/2018

Time	Food/Drink	Quantity	Reaction	commenced

Food Diary Friday ___/___/2018

Time	Food/Drink	Quantity	Reaction	commenced

Food Diary Saturday ___/___/2018

Time	Food/Drink	Quantity	Reaction	commenced

Food Diary Sunday ___/___/2018

Time	Food/Drink	Quantity	Reaction	commenced

Please complete all pages and bring with you to your appointment. Thank you and I look forward to seeing you.