

## PRE-APPOINTMENT QUESTIONNAIRE

**Please complete and bring to your first appointment**

(Alternatively record on a separate piece of paper if unable to print)

<b>Your Name</b>	
<b>Date of birth</b>	

### About Your Appointment

<b>Your reason for booking the appointment</b>	
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<b>Do you have a goal you would like to achieve?</b>	<b>YES      /      NO</b>
<b>If YES, what is the goal and when would you like to achieve it by?</b>	

### About Your Lifestyle (please complete if you feel it is relevant to your appointment)

<b>Sleep</b>	Approximate amount of sleep each night (or day) _____ <b>hours</b>
<b>Stress</b> (score your current stress from 1 to 10)	(low stress) <b>1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10</b> (high stress)
<b>Nutrition</b>	Please bring a 3 day food diary with you. Recording everything you eat and drink, including the approximate time.
<b>Physical Activity</b>	Your typical physical activity (or exercise) in a week?

**Please complete details of your medical history**

(Or bring a summary of your medical notes from your GP)

<b>Current medical conditions</b>	
<b>Significant past medical conditions</b>	
<b>Current medication</b> (names and dosage)	

**Please also bring a copy of any recent blood tests to your appointment.**

For many conditions it is useful to have:

- Lipids (cholesterol, HDL-cholesterol, LDL-cholesterol and triglycerides)
- Blood glucose and/or HbA1c

I look forward to seeing you at your appointment.