

The purpose of this questionnaire is to ascertain your current nutritional status. Your answers will help me in determining nutritional recommendations and which level of the Wahls Protocol that best meets your current needs. Please fill out as much as you can to facilitate this process.

LAST NAME FIRST NAME DATE

MAILING ADDRESS EMAIL ADDRESS

CELL PHONE NUMBER SECONDARY PHONE NUMBER (optional)

AGE _____ HEIGHT _____ WEIGHT _____ DESIRED WEIGHT _____

OCCUPATION _____



1. When was your last physical check-up? _____
2. Are you under the medical care of a Neurologist and if yes how long? _____
3. Have you had previous nutritional counseling? _____
4. Have you recently gained or lost weight? YES _____ NO _____
If yes, how much? _____ gained _____ lost
How? _____
5. Are you following any restrictive or special dietary program?

6. Do you have any allergies including food allergies or food intolerances?

7. Are you currently taking prescribed medications or non-prescription drugs?
List all medications and dosages whether daily, weekly, monthly or occasionally:

8. Have you recently had an illness or injury? _____

9. How is your appetite? _____
10. Do you ever get nauseous after eating? _____
11. Do you drink with your meals? _____
12. How much water do you drink per day excluding coffee? _____
13. Do you get indigestion immediately after eating? _____
14. Do you feel bloated after eating? _____
15. How much coffee or caffeinated tea do you drink daily? _____
16. How much alcohol do you drink? _____
17. How much soda regular/diet do you drink? _____
18. What type of sweetener do you use and how much? _____
19. How much and what type of salt do you use? _____
20. How much of the following do you eat per week?
pork _____ beef _____ poultry _____ fish _____
milk (specify type) _____ cheese _____ candy/chocolate _____
pastries (specify) _____ bread (specify) _____
salads _____ fresh or frozen fruit _____ nuts & seeds _____
21. Which foods do you eat most often? _____

22. Do you skip meals? _____
23. Do you practice intermittent fasting? _____
24. Do you feel your diet is deficient or excessive? _____
25. How many meals are eaten at home? _____ In restaurants _____
26. Do you practice meditation? _____

CHECK ANY OF THE FOLLOWING CONDITIONS THAT YOU PRESENTLY HAVE OR HAVE A HISTORY OF:

- | | |
|----------------------------------|---------------------------|
| _____ ACNE | _____ GOITER |
| _____ ALCOHOLISM | _____ HEMORRHOIDS |
| _____ ALOPECIA AREATA | _____ HEPATITIS |
| _____ ANEMIA | _____ HIGH BLOOD PRESSURE |
| _____ APPENDICITIS | _____ HYPOGLYCEMIA |
| _____ ARTERIOSCLEROSIS | _____ INSOMNIA |
| _____ ARTHRITIS | _____ LICHEN SOLEPOSIS |
| _____ ASTHMA | _____ LIVER DISEASE |
| _____ BRUISE EASILY | _____ LOW BLOOD PRESSURE |
| _____ CANCER | _____ MIGRAINE HEADACH |
| _____ CARDIOVASCULAR DISEASE | _____ MULTIPLE SOLEPOSIS |
| _____ COLD SORES | _____ NARCOLEPSY |
| _____ CONSTIPATION | _____ PARKINSON'S DISEASE |
| _____ DIABETES MELLITUS | _____ PNEUMONIA |
| _____ DRUG ADDICTION | _____ PROSTATE PROBLEMS |
| _____ ECZEMA | _____ RHEUMATIC FEVER |
| _____ ELEVATED CHOLESTEROL | _____ SCHIZOPHRENIA |
| _____ ELEVATED TRIGLYCERIDES | _____ SPINAL PROBLEMS |
| _____ EMPHYSEMA | _____ STROKE |
| _____ EPILEPSY | _____ TUBERCULOSIS |
| _____ GASTRO-INTESTINAL DISORDER | _____ OTHER |

Parent's Health _____

If deceased- briefly describe cause of death _____

Brother's Health _____

Sister's Health _____

Children's Health _____

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DISCLAIMER

I fully understand that no claims have been made for the cure and mitigation of disease. The recommendations made may help in supplying individual daily nutritional needs, that otherwise might be lacking in today's modernized diet. This questionnaire is an assessment of your perceived or previously diagnosed conditions. Mary Ann Feidy, Clinical Nutritionist is not a medical doctor and does not diagnose or treat any disease. Mary Ann Feidy is a health educator who will work in conjunction with your Primary Care Physician, Endocrinologist, Gastroenterologist and/or Neurologist.

SIGNATURE

DATE