

FUNCTIONAL MEDICINE SERVICES INTAKE FORM



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IMMUNE SYSTEM

1). Have you ever been diagnosed with an autoimmune disease? Please specify the disease, and when you were diagnosed:

No

2). Have you ever had asthma, allergies or acid reflux? If yes, please specify, and when they started:

Occasional reflux but zinc stops this

3). Have you ever been diagnosed with a virus? If so, when were you diagnosed?

Covid, Glandular fever shows on blood tests

Please circle if you have had any of the following:

Glandular Fever/Mono/Epstein-Barr Virus

Herpes

Cold sores

Chickenpox

Shingles

Ross River Fever

Mumps

Measles

Rubella

Influenza

HPV/Human Papilloma Virus

Hepatitis

Dengue Fever

Croup

Gastroenteritis or "Stomach Flu"

4). When stressed, do you experience:

Cold sores, hives, shingles or chronic fatigue? Please specify!

Cold sore once,



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HORMONE

1). Any sleep disturbances? Please specify.

No, just my kids

2). When you wake up in the morning do you feel energised, or do you feel you want to sleep longer?

Fatigue some days

3). Do you feel tired regardless of the number of hours you sleep?

Sometimes

4). Do you get cravings for sugar OR salt? Please specify:

Dark Chocolate

5). Do you have difficulty losing and/or gaining weight regardless of diet/exercise regimen you follow?

If any it would be gain weight

THYROID

1). Do you get cold hands/feet?

Yes, mainly winter but seem to be colder than most people

2). Do you easily gain weight?

No

3). Do you experience constipation?

Yes, less these days if I stay away from red meat

4). Do you have history of high cholesterol?

No



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ESTROGEN (for Females)

BLOOD SUGAR

1). Have you ever been diagnosed with PCOS? Fibroids? Endometriosis?

2). Do you have history of migraines?

3). Do you experience hair loss? Low sex drive? Hot flashes?

4). Have you experienced irregular menstrual cycles?

5) Are you getting hair in unwanted places? e.g., face, chin, body? Please specify:

TESTOSTERONE (for Males)

DIGESTION

1). Do you urinate frequently and/or have difficulty urinating?

No

2). Are you experiencing thinning hair, a receding hair line or baldness?

No

3). Do you have difficulty gaining muscle weight when working out?

No

4). Do you have difficulty losing weight?

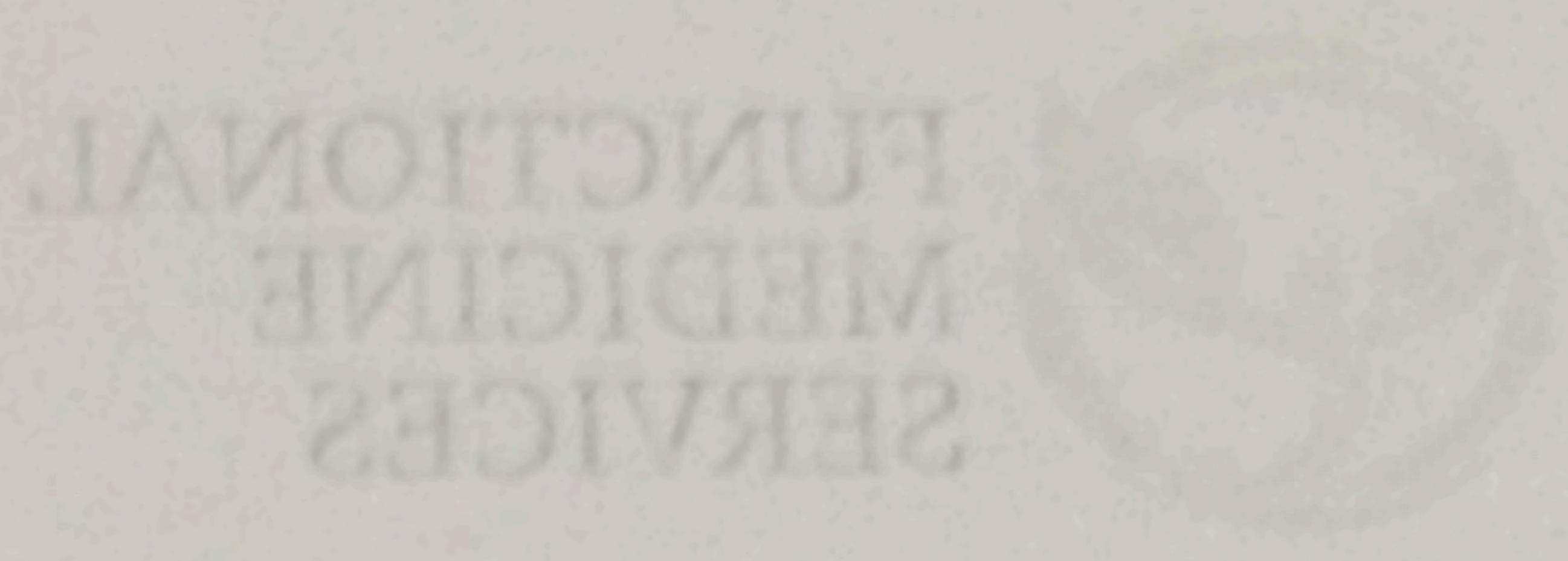
No

5). Do you experience low sex drive?

No



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BLOOD SUGAR

1). Have you ever been diagnosed with Diabetes?

No

2). Do you frequently get thirsty?

No

3). Do you frequently feel the urge to urinate?

No

4). Do you feel tired/fatigued after a meal? OR do you feel energized after a meal?

After a meal with red meat but mostly energised

5). Do you feel "hangry" in the morning before breakfast?

No

DIGESTION

1). Do you experience gas and/or bloating after eating?

Occassional gas

2). How do you feel after taking probiotics? Any problems?

Good

3). Have you ever been diagnosed with:

Stomach ulcers or gastritis?

SIBO (*Small Intestinal Bacterial Overgrowth*)?

Candida?

Depression?

ADHD?

No



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2). List of supplements.

Zinc, Inulin

a). What do you take them for?

Stomach acid levels, Inulin to help with skin

b). Do they help you with your symptoms?

Yes, Inulin has helped stabilise skin

3). Any history of surgeries? Please specify ANY surgery, and when.

Cyst on ear, Mole removal, vasectomy

Please read and sign the following:

FUNCTIONAL MEDICINE SERVICES INFORMED CONSENT

Treatment and Care

I hereby request Functional Medicine Services to provide advice, consultations and functional medicine treatment. I understand that in the practice of functional medicine, some treatments are considered "alternative" by the conventional medical community and that there are some risks to treatment. I do not expect Functional Medicine Services practitioners to be able to anticipate all the risks and complications and I wish to rely on my Functional Medicine Practitioner to exercise their judgment during the course of treatment based upon the facts then known and in my best interest.