

HEALTH QUESTIONNAIRE

This Consultation Form will assist your therapist in preparing advice about Regulo™.

All information is strictly confidential & remains the property of _____ (clinic name)

Please read the label of Regulo™ and all dietary supplements before usage and consult your healthcare professional.

Name _____	D.O.B _____
Address _____	Weight _____ Height _____
Email _____	Measure waist circumference _____
Mobile _____	Measure around the buttocks _____

Please list your main health concerns _____

Current medical concerns:

- Cancer
 Diabetes
 Blood Pressure
 Heart Disease
 Hepatitis
 Seizures
 Kidney Stones

Other: _____

Please answer yes or no if you suffer from the following and give a rating of 0 to 10 on the severity.

0 being none, 5 indicates moderate, 10 indicates all the time.

	Please circle Y or N	Rating 0-10		Please circle Y or N	Rating 0-10
Constipation	Y	N	_____	Rhinitis or sinusitis	Y N _____
Diarrhoea	Y	N	_____	Asthma	Y N _____
Alternating constipation & diarrhoea	Y	N	_____	Bronchitis	Y N _____
Irritable bowel syndrome	Y	N	_____	Cough	Y N _____
Reflux	Y	N	_____	Viruses	Y N _____
Bad breath	Y	N	_____	Allergies may be an indication of compromised digestive health.	
Nausea	Y	N	_____	Food allergy, intolerance or sensitivity	Y N _____
Gas	Y	N	_____	These are clues that indicate you are not digesting your food thoroughly, and the resulting immune reaction in your intestines is inflaming the delicate gut lining.	
Bloating after eating	Y	N	_____	Skin problems like itchy skin	Y N _____
Crohn's Disease	Y	N	_____	Acne	Y N _____
Diverticulitis	Y	N	_____	Rosacea	Y N _____
Weight around the mid-section	Y	N	_____	Psoriasis	Y N _____
Find it hard to lose weight	Y	N	_____	Dermatitis	Y N _____
Insulin resistance, type 2 diabetes	Y	N	_____	Eczema	Y N _____
Abdominal pain	Y	N	_____	If the skin on the outside of your body is inflamed, it may be indication that your skin on the inside is also inflamed.	
Pain in the rectum/lower back pain	Y	N	_____	Hair loss, thinning	Y N _____
Hay fever	Y	N	_____		

FOOD CRAVINGS

If yes what type of food?

Please circle
Y or N Rating
0-10
Y N ___

Average Daily Diet:

Morning _____

Afternoon _____

Evening _____

Do you feel tired after eating? Y N ___

Do you have an energy slump during the day? Y N ___

What time?

Habits (Please specify amount per day)

- Cigarettes Coffee Tea Cola Alcohol
 Drugs Sugar Salt Other (Please specify)

SLEEP

What time do you go to bed? _____

Do you sleep well? Y N Sometimes

Do you wake easily and find it easy to get out of bed? Y N Sometimes

Rate your energy levels _____

MOOD DISORDERS

Anxiety Y N ___

Easily stressed Y N ___

Depression Y N ___

Angry Y N ___

Bad temper Y N ___

Mood swings Y N ___

Attention Deficit Y N ___

Hyperactivity Disorder (ADHD)

Harmful bugs in your intestines produce toxins that may travel right through your bloodstream and they may cross through your blood brain barrier. These toxins may disrupt the production of neurotransmitters in your brain and negatively affect your mood.

CONSENT

I have completed my pre treatment medical history form and have informed my therapist of any pre existing skin or other medical conditions or treatments or medicines.

Although AMARCO Enterprises Pty Limited, trading as Regul8™ Pty Ltd, endeavours to ensure that all clients receive the best possible care and results, at no time does it make any guarantees or undertakings that any Regul8™ treatment or product will cure, alleviate, prevent, eliminate, or retard any injury, illness or condition.

I acknowledge that it is recommended that I consult with my healthcare professional before and whilst taking Regul8™.

SIGN _____

THYROID PROBLEMS

Diagnosis of an autoimmune disease

Please circle
Y or N Rating
0-10
Y N ___

There is research to link between autoimmune disease and leaky gut syndrome. There are 81 recognised autoimmune diseases; the most common ones are Hashimoto's thyroiditis, rheumatoid arthritis and psoriasis.

Joint pain Y N ___

This may be a symptom of an inflamed gut. Toxins that enter the bloodstream through the gut lining typically lodge in the joints and create pain and inflammation.

MUSCLE PAIN

Where is the pain and is it fixed pain or stabbing?

Y N ___

Do you exercise? Y N ___

How many bowel movements do you have per week? _____

How many bowel movements do you have per day? _____

Do you use laxatives? Y N ___

CONTRAINDICATIONS

Please list any current medication

Medications taken in the last 6 months?

Please list any allergies

Are you pregnant or trying to get pregnant? Y N ___

Are you breastfeeding? Y N ___

Do you plan on having surgery? Y N ___

Please describe if you have suffered any illnesses or surgeries in the past 12 months?

Please describe any gynecological problems? PCOS, endometriosis, irregular periods? Menopause? Breast lumps?

Please list any health problems that have not been covered

Please advise any treatment plans or medical advice you have been given

PRIVACY POLICY

My personal information is used for the purpose of preparing information and advice about Regul8™.

I agree for my contact details be used to receive information about Regul8™ including direct mailers and promotional materials via email YES or NO and/or sms messages YES or NO about Regul8™.

I agree for my contact details to be used to receive promotions and other advertising by the clinic.

I understand that I have the right to request a copy of a Privacy Policy from the therapist/clinic.

DATE _____