Food diary.

Name:

DOB:

	DAY 1 - WEEKDAY	DAY 2 - WEEKDAY	DAY 3 - WEEKEND
BREAKFAST			
LUNCH			
DINNER			
DRINKS			

Medication and Supplements.

Email:

Tel:

	Medication / Supplement	Medication / Supplement	Medication / Supplement
DOSE			
FREQUENCY			
DURATION			
GP / SELF-REFERRED			

How to complete the questionnaire.

Food diary.

Choose any two weekdays and one weekend day.
Please indicate the time of food and drink intake, as well as the amount.

Medication and Supplements.

Please specify the drug form and the supplement's brand, if known.

The completed document should be returned three days before the scheduled consultation, and the consultation may be cancelled with a 50% charge or a 25% rescheduling fee.

Thank you for the provided information.