

Wellness Review Assessment

Weight *: _____ Lean Mass % *: _____

Fat Mass % *: _____

Summary *

Red Flags/Medication *

Patient Goals

DIGESTION

Bloating

Bloating

Gas

Gas

Reflux

Reflux

Constipation or Diarrhoea

Constipation or Diarrhoea

Comments

ENERGY

Low in the morning

Low in the morning

Second wind at night

Second wind at night

Use coffee and/or sugar to keep going

Use coffee and/or sugar to keep going

Fatigue

Fatigue

Comments

MOOD

Mood Swings

Mood Swings

Overwhelmed

Overwhelmed

Anxiety

Anxiety

Happy

Happy

Are you aware of any triggers for your mood swings

Comments

SLEEP

I feel refreshed after 8hrs of sleep

I feel refreshed after 8hrs of sleep

I stay asleep through the night

I stay asleep through the night

It is easy to fall asleep

It is easy to fall asleep

What helps you fall asleep?

Comments

COGNITION

Brain Fog

Brain Fog

Poor Memory

Poor Memory

Can't switch off

Can't switch off

Difficulty to focus

Difficulty to focus

When did you start experiencing the above symptoms, if any?

Comments

IMMUNITY

Frequent Colds/Infections

Frequent Colds/Infections

Cold sores

Cold sores

Sinus Problems

Sinus Problems

Shortness of breath

Shortness of breath

How often do you pick up colds/infections?

Comments

PERFORMANCE AND RECOVERY

Exercise less 2x a week

Exercise less 2x a week

Energised after a workout

Energised after a workout

Easy to recover after a workout

Easy to recover after a workout

Shortness of breath when working out

Shortness of breath when working out

What type of exercise do you do?

Comments

INFLAMMATION/PAIN

Joint pain/swelling

Joint pain/swelling

Muscle pains

Muscle pains

Thread/Varicose Pains

Thread/Varicose Pains

Hives/rashes

Has anything helped relive your symptoms so far?

Comments

BODY SHAPE

Overweight

Overweight

Abdominal fat

Abdominal fat

Underweight

Underweight

Athletic

Athletic

Do you have any specific goals in relation to your body shape?

Comments

SKIN

Eczema

Eczema

Rosacea

Rosacea

Acne

Acne

Itchy Skin

Itchy Skin

When did the symptoms start if any?

Comments

Life Goals *

Work Goals

Physical Goals

Family Goals

Diet Analysis *

Diet/Lifestyle Recommendations *

Supplements/Suggested *

Tests *

Strategy *

Next Appointment Booked *