



We aim to meet all of our client's health and wellness needs with the highest level of care. Your health journey is an ongoing commitment and we are 100% on board with you! We have a proven Four Step system that involves regular appointments, 2-4 weeks apart, to get you started.

We will assess your health and design a treatment program that ensures you reach your goals. Together we will put together a structured and detailed action plan outlining your short term and long term goals.

Overview:

- *Case Review Consultation* – involves a full case history, referrals to appropriate practitioners & recommendations for any pathology. You will receive a clear, written treatment plan that addresses your immediate concerns.
- *Testing appointment* – approximately 1 week later, point of care testing occurs with weight, body measurements, zinc test, pH test, tongue analysis, full dietary analysis and specific questionnaires. Bio Impedance Analysis, a scientifically validated test that assesses the health of your cells and body composition may be included in this appointment if your practitioner is certified in this method.
- *Report of Findings* – involved a full assessment of your pathology results, functional medicine test results, dietary changes and implementation of your full treatment protocol which takes into account underlying causes. In this report of findings you will receive a clear, written treatment plan that addresses both your short and long term goals.
- *Follow up visits* - we monitor your response to your treatment plan, tweak and adjust treatment depending on progress, test results or your responsiveness, order further tests and be your committed partner by offering accountability for your actions.

Both before and after your appointments, we spend time researching your health, reviewing your goals and finding the best options for you. This also involves communicating with your other health care providers, presenting your case to our Studio You practitioner board or writing reports. We do this because we practice the highest level of best practice possible and we take your health seriously.

Please fill out the attached short questionnaire and either email it back or bring it with you to your appointment. We look forward to sharing your path to wellness!



Date	Referred by
Name	
Date of Birth	Occupation
Address	
Home phone	
Mobile	
Email	
Health Fund	Membership Number
Height	Weight

GP	Suburb
Specialist	Suburb

Please list your main concerns and reasons for this appointment

1.

2.

3.

Have you had any investigations/ tests/ operations / hospitalisations. Please list

Current medications, herbal or nutritional supplements

Name	Dose

Medical History – Self and family - please circle or tick

	Self	Mother's side	Father's side
Allergies			
Arthritis			
Asthma			
Autoimmune disease			
Bowel disorder			
Cancer			
Cardiovascular disease			
Depression			
Diabetes			
Eczema or Psoriasis			

Epilepsy			
Endometriosis			
Fibroids			
Gastroenteritis/Giardia etc			
Hepatitis			
Hospitalisations/operations			
Hysterectomy			
Osteoporosis			
Sexually transmitted disease			
Thyroid disease			
Other			

Social history

	YES	NO
Cigarettes/tobacco	Amount/ day -	
Alcohol – units/day	Units/ per day -	
Recreational drugs	Type/ frequency -	
Caffeine beverage intake	Type/ amount per day -	
Exercise	Type/ duration/ frequency -	
Water intake	Glasses per day -	
Allergies / Intolerances / Foods You Avoid		