

HEALTH QUESTIONNAIRE

(to be completed and delivered 3 days prior to first consultation)



THREE-DAY FOOD DIARY

Please list everything you have consumed, including food, drinks and snacking between meals for a period of 3 days. Please try not to change what you eat during this period as it is more beneficial to have an accurate picture of what you typically consume.

QUANTITY (ESTIMATE, WEIGHT, SIZE OF PORTION EG. TSP, TBSP., GRAMS, HANDFUL)	
DAY 1	

QUANTITY (ESTIMATE, WEIGHT, SIZE OF PORTION)	
DAY 2	

QUANTITY (ESTIMATE, WEIGHT, SIZE OF PORTION)	
DAY 3	