"Listening, Caring and Enhancing Health"

Bergamo & Associates Chiropractic & Nutrition Centre

346A Boronia Road
Boronia, Victoria 3155
Fax: 9887 4343
Email: info@bergamohealth.com.au
Website: www.bergamohealth.com.au

Tel: 9887 4144

Nutrition Intake Form: Please drop this form off to the clinic at least 48 hours prior to your initial consult.

General Patient information

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Other		Date:
First Name:	Last Name:	
Address:		Suburb:
Postcode:	DOB:	Email:
Home phone:		Mobile number:
Occupation:		Ethnicity:
Who recommended you to this clinic:		
Emergency Contact Information		
Name:	Relationship:	
Home phone:	Mobile number:	
Health Care/ Doctor Information		
Name:	Phone number:	
Clinic name and address:		
Do you have private health coverage? Yes/No. If yes, which fund		

Health & Nutrition Concerns

What health and/or nutrition concerns would you like to focus on during this visit?
1.
2.
3.

Pre-assessment Questions

Do you have any children? If so, please list their ages:		
Are you trying to conceive? ☐ Yes ☐ No	Have you sought reproductive assistance? ☐ Yes ☐ No	
If yes, for how long have you been actively trying?		
Do you have any known allergies (please list)		
If you do have allergies (food allergies/sensitivities, environment or medication) please describe what happens upon contact/ingestion:		
Are you a smoker? ☐ Yes ☐ No	Quantity/Day:	Are you seeking to stop smoking? ☐ Yes ☐ No
Do you currently or have you previously used recreational drugs? ☐ Yes ☐ No If yes, that type(s) and method(s) (IV, inhaled, smoked etc)		
Have you had any previous fractures and/or surgeries? If yes, please list the body parts that were fractured and dates of injury (including car accidents/ motor vehicle trauma). Please also list any past surgeries:		

Current medications/ over the counter non-prescription drugs/ supplements/ herbal remedies

Medication name	Dosage (mcg/mg and # per day)	Duration of medication	Related condition
Example: BioCeuticals Iron Sustain	1 tablet in the morning	Since Dec 2018	Low iron levels
Example: Lipitor - Atorvastatin	20mg at night	Since May 2016	High cholesterol

Family Health Information

Information about your family members will give us a better picture of your total health	
Relation: (parents, grandparents, siblings)	Past and Present Health Problems (high blood pressure, diabetes, cancer, heart attack, lactose intolerance, irritable bowel syndrome etc)

Dietary Habits

Please list your usual food choices					
Breakfast	Morning tea	Lunch	Afternoon tea	Dinner	Snack

Medical history and symptom review

Check appropriate boxes and provide date on onset

	Ongoing condition	Past condition	Date of onset		Ongoing condition	Past condition	Date of onset
Neurologic/ Nerves/ Mood				Gastrointestinal			
Depression				Irritable bowel syndrome			
Anxiety				Inflammatory bowel disease			
Headaches				Crohn's disease			
Migraines				Ulcerative colitis			
Mood swings				Bloating			
Irritable				Burping			
Light-headedness				Constipation			
Easily stressed				Diarrhoea			
Tension				Burping			
Nervousness				Cramps			
Fainting				Excess flatulence/gas			

Numbness				Indigestion			
Tingling				Vomiting			
Dizziness				Upper abdominal pain			
Brain fog				Lower abdominal pain			
Panic attacks				GERD (reflux)			
Vertigo				Gastroenteritis			
Tremor/trembling				Gastritis or peptic ulcer disease			
Autism				Difficulty swallowing			
ADD/ADHD				Gallbladder disease			
Seizures				Liver disease			
Bipolar disorder				Other:			
Schizophrenia				Cardiovascular			
Difficulty with:				Heart attack			
Speech				Other heart disease			
Concentrating				Stroke			
Balance				Arrhythmia (irregular heart rate)			
Thinking				Hypertension			
Memory				Low blood pressure			
Other:				Angina/Chest pain			
Respiratory				Anemia			
Frequent colds/flus				Blood clots			
Allergies (seasonal)				Varicose veins			
Snoring				Swollen ankles/feet			
Sleep apnoea				Palpitations			
Difficulty breathing				Breathlessness			
Shortness of breath				Easy bleeding			
Persistent cough				Easy bruising			
Post nasal drip				Other:			
Asthma				Urinary system			
Nasal stuffiness				Kidney stones			
Sinus infection				Gout			
Sinus stuffiness				Frequent urinary tract infections			
Wheezing				Frequent yeast infections			
Pneumonia				Leaky incontinence			
Emphysema				Pain/burning			
Bronchitis				Urgency			
Chronic sinusitis				Frequent urination at night			
Other:				Increased urine frequency			
Musculoskeletal/Pain				Feeling of incomplete emptying			
Osteoarthritis				Other:			
Osteoporosis				Male reproduction			
Fibromyalgia				Erectile dysfunction			
Chronic pain				Sexual dysfunction			
Back muscle spasm				Prostate enlargement			
Calf cramps				Ejaculation problems			
Foot cramps				Hernia			
Joint pain				Sexual transmitted disease			
Joint stiffness				Other:			
Muscle pain				Female reproduction			

Muscle spasms				Sexual dysfunction			
Other:				Menopause			
Inflammatory/Autoimmune				Breasts cysts			
Chronic fatigue syndrome				Breast lumps			
Autoimmune disease				Breast tenderness			
Rheumatoid arthritis				Ovarian cysts			
Lupus SLE				Polycystic ovarian syndrome			
Other:				Endometriosis			
Endocrine				Sexually transmitted disease (STD)			
Cold hands and feet				Menses:			
Low blood pressure				Cramps			
Difficulty falling asleep				Heavy periods			
Early waking				Irregular periods			
Fatigue				No periods			
Chronic infection				Scantly periods			
Slow wound healing				Spotting between			
Other:				Other:			
Lymph nodes				Skin			
Enlarged/neck				Rashes			
Tender/neck				Itching			
Other:				Dry skin			
Other				Slow wound healing			
Diabetes Mellitus				Bruise easily			
Cancer				Dermatitis			
Hepatitis B/C				Psoriasis			
HIV/AIDS				Eczema			
Other:				Hives/Urticaria			
				Other:			

Informed Consent

I _____ give consent to Bergamo Chiropractic and Nutrition Centre to provide Nutrition care to myself or the client for which I am legally responsible for. Nutrition is a very safe and effective health choice, However, with any form of healthcare no one can guarantee results and there are potential side effects to treatments. For example, experiencing diarrhoea or stomach discomfort from supplementation.

I understand that Alexandra Osellame is a registered Clinical Nutritionist and not a medical physician, Thus, she will not be able to diagnose medical conditions, but will provide nutritional support and nutrition education for an already diagnosed condition. Methods of nutritional evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessment tests are intended as a guide to developing an appropriate health-supportive program for me, and to monitor my progress in achieving my goals. Medical records and personal information and history divulged in consults at Bergamo Chiropractic and Nutrition Centre will be kept confidential, unless I consent to sharing my medical information.

_____ _____

Client or Legal Guardian's Signature Date

_____ _____

Printed Name Date