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| **PRE-CONSULTATION QUESTIONNAIRE**  **VIRAL PROFILE & IMMUNITY SUPPORT**  Please complete as clearly and accurately as possible.  Return, at least 2 days, before your consultation by e-mail to [book@sutherlandhouse.life](mailto:book@sutherlandhouse.life),  or by post to Sutherland House, 1a Ashbourne Avenue, London NW11 0DP  **PRIVATE AND CONFIDENTIAL**  **GENERAL INFORMATION** |  |

Title: Name:

Address & Post Code:

Phone Numbers: Email:

Date of Birth: Age: Occupation:

Marital status: Children: Date Questionnaire completed:

**H PROFILE**

**GENERAL HEALTH PROFILE**

What is your main reason for seeking advice?

List the outstanding health problems you have in the order of importance and indicate how long you have had them (Use a separate sheet if necessary):

Health Problem Duration

1.

2.

3.

4.

Is there any other information relating to your condition which you think may be important? (how it started, what has been done about it, what was helpful and what didn’t work, etc.)

Give details (date, reason) of any antibiotic use in the past 12 months?

List any prescribed medications you are currently taking (name and dose):

List health supplements you are taking (brand and dose):

Your weight: Height: Blood Pressure: Blood Group (if known):

**Please scan and attach /or bring with you to the consultation any test results or other investigations you have already had**

**FAMILY HEALTH PROFILE**

If you have any brothers and sisters what illnesses are they prone to?

If you have any children what illnesses are they prone to?

Do/did your parents or grandparents suffer from any illnesses (e.g. heart disease, diabetes, asthma etc)? Give details:

**RELEVANT MEDICAL HISTORY**

**Allergy Profile**

*Please tick if you suffer from any of the following:*

\_ Asthma. \_ Eczema. \_ Dermatitis. \_ Migraine. \_ Irritable bowel. \_ Frequent bloating. \_ Facial puffiness. \_ Sinus congestion

\_ Feeling spacey or unreal. \_ Dark circles under eyes. \_Fungal infections.

Do you have any allergies? If so, to what? (drugs, foods, environmental factors)

State type of reaction:

Have they been tested? (where and when):

**Immune Profile**

….. Do you get more than three colds a year?

….. Do you find it hard to shift an infection (cold)?

….. Do you have frequent infections (ear, sinus, lungs, skin, bladder, kidney, etc.)

….. Do you have a runny or drippy nose?

….. Do you have fevers frequently?

…..Were you breast fed as a child?

…..Were you delivered by a Caesarean?

….. Are you prone to thrush or cystitis?

….. Do you take antibiotics more than twice a year?

….. Is there a history of cancer in your family?

….. Have you ever had any growths or lumps biopsied?

….. Do you have an inflammatory disease such as eczema, asthma or arthritis?

….. Do you suffer from hay fever?

….. Do you suffer from allergy problems?

…..Have you had a major personal loss in the last year?

…..Do you have a history of Epstein Barr, Mono, herpes, shingles, chronic fatigue, hepatitis or other chronic viral condition?

…..Do you suffer from any auto-immune conditions? (rheumatoid arthritis, lupus, Crohn’s, ulcerative colitis, ankylosing spondilitis, Hashimoto’s thyroiditis, psoriasis, etc.)

…..Is your immune system compromised in any way? (HIV, immuno-supressant medication, chronic viral infection, etc.)

Thank you for taking the time to complete this questionnaire – please now ensure it is returned to Sutherland House at least 2 days before your appointment. Please e-mail the completed form to [book@sutherlandhouse.life](mailto:book@sutherlandhouse.life).