

Patient details

Name	Age
Date of birth	Gender

My current symptoms or health problems that I would like help with:

My significant past health history: (illnesses, hospitalisations, operations, accidents, chronic health problems)

My health goals:

My current medications and supplements:

Allergies or sensitivities:

Weight kg:

Height cm:

Waist measurement cm:

How to measure your waist?

1. Find the top of your hip bone and the bottom of your ribs.
2. Breathe out normally.
3. Place the tape measure midway between these points and wrap it around your waist.
4. Check your measurement.

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Family history: Significant illness and causes of death (If any) in siblings, parents and grandparents

Lifestyle: what kind of non-work activities and enjoyments do you experience? Do you get any time for yourself?

Sleep: How do you sleep? Do you get to sleep easily? If not, what stops you? Are you refreshed in the morning? What is your normal sleep duration and quality? Is there any sleep disturbance?

Stress: How often do you feel significantly stressed? How does this affect you? How do you deal with this? Main stressors? (job, relationships, health etc)

Smoking/Vaping?

Alcohol and drug consumption: Type and amount per week

Current exercise: Type and amounts per week

Water intake: Cups per day

Digestive concerns: Regularity of bowels, appetite, other symptoms?

Urinary concerns:

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Pain problems: type, severity, joints, muscles, other?

Muscle and joint concerns?

Energy levels: On a scale of 0-10 how is your day to day energy? Does it vary during the day/week/month, if so how? Can you bounce back for low energy? What are triggers for low energy?

Mood: How is your general mood? Are you optimistic or down or worrying about your problems? Any triggers?

Cognition: What is your memory and concentration like?

Type and frequency of infections? Include past significant infections

Diet: A typical weekly diet snapshot (breakfast, lunch, dinner, snacks).

Women: Menstrual history (regularity, pain, flow, childbirth, reproductive concerns, menopause experience)