Holistic Nutrition Consultation

name: **email address:**

birthdate: **telephone:**

Please fill out this form to your best ability and return to me before our consultation: mapetitecuisinesaine@gmail.com
The information you share will remain confidential.

1. Do you have any **specific** health issues that you would like to address through this consultation? If so, please describe the ones that are currently most problematic:

2. Describe a **typical day** of food and drink, starting from the moment you get up and ending with the moment you go to bed...no secrets! *Please include mealtimes*.

meal	time	list of food and drink
breakfast		
morning snack		
lunch		
afternoon snack		
dinner		

3. Describe your appetite (variable? sharp? slow?)

4. Describe your digestion:

5. How many times a day do you sit down for a real meal? And how many of those meals are without telephone, television or computer?

6. How much time do you spend for the main meals of the day?

7. Do you ever eat because it is "mealtime" and not because you are truly hungry? If so, how often?

MICHELE SCHULZ | mapetitecuisinesaine@gmail.com tél. 06 02 23 63 42
itinerant chef, nutritional consultant, healthy cooking classes, Breema Bodywork practitioner

8. Do you have food cravings? Are they for sweet foods? salty foods?

9. Do you ever experience any one (or more) of the following:

- ❍ burning or heat sensations in your throat, esophogus or stomach
- ❍ bloating or gas
- ❍ feeling tired or sleepy immediately after eating (especically lunch)
- ❍ diarrhea
- ❍ constipation (if so, how many days without eliminating?)
- ❍ alternating diarrhea and constipation
- ❍ feelings of heaviness that last a while after meals
- ❍ abdominal cramps after meals
- ❍ intestinal pain linked to foods
- ❍ acidic or metallic taste in the mouth
- ❍ burning sensations in the mouth after having eaten citrus fruits
- ❍ acid reflux or taste of food in the mouth between meals
- ❍ burping outside of meals
- ❍ bad breath
- ❍ unhealthy body odors
- ❍ frequent or chronic fatigue
- ❍ allergies, sensitivities or food intolerances (i.e. gluten, lactose, casein)
- ❍ frequent or chronic sinus congestion
- ❍ frequent or chronic inflammation
- ❍ eczema, psoriasis or skin eruptions
- ❍ intolerance to fatty or oily food (such as certain meats, cold cuts, cheese, fried food)
- ❍ headaches after meals
- ❍ migraines
- ❍ ulcers
- ❍ gastritis

MICHELE SCHULZ | mapetitecuisinesaine@gmail.com tél. 06 02 23 63 42
itinerant chef, nutritional consultant, healthy cooking classes, Breema Bodywork practitioner

10. How many times a day do you eliminate and when?

11. Are you able to easily digest beans, lentils and other legumes? How many times a week do you eat them?

12. Are you currently taking any food supplements? Vitamins? Prescription medicine? If so, which ones?

13. What methods/remedies have you tried to cure your imbalance?

14. Is there anything else you'd like to share with me before our consultation?

To best prepare for our time together, please reflect upon your current: digestion, elimination, sleep and energy levels throughout the day. Thank you in advance, Michele

MICHELE SCHULZ | mapetitecuisinesaine@gmail.com tél. 06 02 23 63 42
itinerant chef, nutritional consultant, healthy cooking classes, Breema Bodywork practitioner