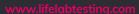
Six Questions to Understand You Better

Below are six questions about your symptoms and general health. The purpose of these questions is to understand you and your needs to a deeper level.





Your Details					
Title First Name		Last Name	Date of	Date of Birth	
1. What are the symptoms you have been experiencing?					
Digestive	Skin	Respire	itory	Other (Please List)	
Bloating	Eczema	Runn	ing nose		
Flatulence	Hives/ nettle ro	sh Snee	zing/ coughing		
Diarrhoea	Swelling	Diffic	ulty breathing		
Constipation	Itchy eyes/ears	/ throat/ mouth Short	ness of breath		
Cramps	Psoriasis	Sinus	pain		
Nausea					
Vomiting	Head				
Acid reflux	Headaches	Headaches			
Belching	Fuzzy headed	Fuzzy headed			
Painful stomach					
2. How long have you been experiencing the symptoms?					
Less than 3 months	3-6 months	6 months -1 year	1 year - 2 years	2 years +	
3. Have you seen your GP regarding the symptoms you've been experiencing?					
Yes No					
4. Do you have any health conditions?					
Yes No					
if yes please give details below					
5. Do you take any medications or supplements?					
Yes No					
if yes please give details below with purpose for use					
6. Have you had any major surgeries or serious illnesses?					
Yes No					
if yes please give details below					