

Page 3. Case Study Intake Form

Gastrointestinal History

Describe your typical:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____ Water intake (glasses/day) _____ Caffeine _____

What is the worst item in your diet? _____ What foods are your weakness? _____

Are you subject to binge eating? _____ What foods? _____

Do you experience bloating/gas/burps after eating? _____ What foods trigger this? _____

Food allergies? _____ Describe _____

How often are your bowel movements? _____ Do your stools: sink _____ float _____

Constipation? _____ Blood in stool? _____ Mucus in stool? _____ Pain when stooling? _____

Diarrhea? _____ Other? _____

Lifestyle, Emotional & Spiritual

What is your opinion of yourself? _____

Describe the most positive emotion you experience _____

When and where do you experience this emotion? _____

Describe the most negative emotion you experience _____

When and where do you experience this emotion? _____

Describe your spiritual and/or religious practice: _____

On a scale of 1 to 10 (1 being the lesser, 10 the greater), please rate yourself in each of these qualities:

Faith _____ Hope _____ Charity _____ Generosity _____ Sense of humor _____

Fear _____ Grief _____ Sense of fun _____

What hobbies/activities provide you with pleasure and sense of accomplishment? _____

Describe your exercise routine (type, frequency) _____

What changes would you like to achieve in 6 months? _____

In one year? _____

Do you use tobacco? _____ Quantity _____ /per day Alcohol? _____ Quantitiy _____ ounces/day

Marijuana? _____ Quantity _____ Other: _____

Have you been under treatment for substance use?