

CONFIDENTIAL HEALTH INFORMATION

Full name M F NB Date of birth Age

Parent's name if under 18

Email Contact number

Address

Relationship status Occupation/employer

GP Specialist doctor *(if applicable)*

Referred by/how you heard about Hayden

Emergency contact details and their relation to you

Current or recent medications (and their purpose)

Please describe any previous therapy or coaching experience *(if applicable)*

Other health professionals you have seen *(if any - please describe)*

Brief statement about your reason(s) for seeking consultation now *(please describe your goals)*

Often I feel or can experience *(tick only if applicable)*

Depression	Anxiety	Headache / Migraines	Lack of fulfillment
Guilt	Nauseous	Disconnection	Anger / Irritability
	Panic attacks	Confusion	Mood swings

Please describe when or how often you feel this way

In addition to your goals described, please tick the primary areas of your life you would love to empower:

Business / Career

Mental

Physical

Spiritual / Purpose

Family

Social

Financial

Please describe/list the top 2-3 challenges in your life (ie. self-doubt, challenges in relationship etc)

- 1.
- 2.
- 3.

Please list the top 2-3 supports in your life (ie. partner, talking with a friend, reading/personal development)

- 1.
- 2.
- 3.

What do you perceive is missing in your life?

If you were given \$10 million, what would you truly love to do for work or with your life?

INTEGRATED HEALTH & LIFESTYLE

Research demonstrates the valuable role nutrition and lifestyle plays in our health and cognitive performance. My training and background in integrative medicine and functional nutrition allows me to guide you in this area.

Please indicate if you are interested in nutrition and/or nutritional supplements recommendations. **Y** **N** (please tick)

Approximately how many times have you used antibiotics in the last 5 years?

None 1-2 3-5 5+

How many caffeinated drinks (coffee/tea/coke) do you have per day?

None 1-2 3-5 5+

How many alcoholic drinks do you have a week?

None 1-4 5-7 8+

Approximately how many bowel movements do you have each day?

None 1 2 3+

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Do you use any of the following? *(please tick)*

Alcohol

Cigarettes

Cannabis

Other

Please describe how regularly you use this substance/substances and what benefits/relief you notice from this

How much time do you usually spend doing physical exercise or recreational activity in a typical week? *(please describe)*

Please describe your daily water intake *(approx how many litres or cups)*

Current or recent health related challenges that apply to me *(please tick if applicable)*

Low energy / Fatigue	Chronic pain	Brain fog	Trouble sleeping	
Bloating / Digestive challenges	Lower back pain	Hormonal challenges	Skin rash / Dermatitis	
Constipation	Dizziness or fainting spells	Gout	Chemical sensitivities	Asthma
Hay fever	Food intolerances / Allergies	Anemia	Diabetic / Pre-diabetic	

Please expand upon these or any other health concerns you may have experienced

Please list any nutritional supplements you are currently, or have recently been taking

Do you aim for healthy nutrition practices? *(please tick)*

Never

Rarely

Occasionally

Usually

I often feel bloated *(please tick)*

Never

Rarely

Occasionally

Usually

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PRIVACY POLICY

Consultations are private and no names or personal information will ever be shared without your direct permission.

PAYMENT & CANCELLATION POLICY

Barring emergencies, 24-hours notice is required for re-scheduling/cancellation or the scheduled consultation will be forfeited.

Sessions and packages are asked to be pre-paid in full. Sessions are 55-minutes unless otherwise arranged.

TESTIMONIAL

When you have achieved your goal from our time working together, I may ask you for a short written testimonial on your experience working with me. Please consider doing so as testimonials from clients are a great way to help me to reach more people.

CLIENT ACKNOWLEDGEMENT

I understand that Hayden Brown is a private consultant in the field of human behaviour. I understand that Hayden is not a psychologist, psychotherapist or NZAC registered counsellor. A consultation with Hayden does not replace seeking advice from my doctor or other medical professional.

I understand that Hayden is not a registered provider for ACC or any health insurance companies.

I understand that Hayden does not diagnose illness, disease or treat mental disorders. Hayden does not provide medical advice, treatment or prescribe pharmaceuticals.

I acknowledge that to the best of my knowledge, the information I have provided here is true and correct.

I have read, understand and acknowledge the above.

Signature

Date

HAYDENBROWN
HUMAN BEHAVIOUR SPECIALIST

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