

Dietary Counseling Questionnaire

In filling out this questionnaire and working with our Dietary Intolerance Counselor, you acknowledge

that this service is intended to support the prescribed intolerance from your Naturopathic doctor. The counselor is not a doctor, and any recommendations made regarding your diet by this counselor is not medical advice.

Your name:

Date:

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What primary food(s) has your naturopath recommended you avoid?

What combination of foods has your naturopath recommended you avoid?

How many hours of separation are recommended between the combination foods?

What are some typical foods you eat for the following meals?

Breakfast:

Lunch:

Dinner:

Dessert:

Snacks:

Beverages:

Are there any foods that you crave?

Are there foods that you avoid or dislike?

How often do you cook meals at home, and do you like cooking?

Is there anything else that you would like us to know about your relationship with food?

If you wish to use the grocery shopping service (in person or online), what grocery stores do you shop at?