



Signs & Symptoms Questionnaire

For Cell Nutrition use only

Private and confidential

Please carefully read and complete this check list marking every line according to what applies to you.

If you have any of the following symptoms you must report it to your GP/medical doctor. Nutritional Therapists practicing according to the BANT and CNHC codes of practice are not authorized to diagnose medical conditions nor offer treatment in replacement of medical care.

Please make sure you sign and date all pages at the bottom.

Pain – Do you have	yes	no
Any pain which is persistent, particularly if severe or in the head, abdomen or central chest? (please define which):		
Pain in the eye or temples, with local tenderness?		
Pain on passing urine?		
Recurrent cystitis? (How many times have you had it?)		
Absence of pain in skin ulcers, fissures?		
Sciatic pain with neurological deficit?		

Bleeding – have you noticed	yes	no
Blood in sputum, vomit, urine or stools?		
Vomit containing “coffee grounds”, coagulated blood?		
Black, tarry stools?		
Vaginal bleeding with pain?		

Is your GP aware of the symptoms marked here with a Yes? If not, specify which	yes	no

Client full name: _____

Client signature: _____

Date: _____

Psychological – do you suffer from	yes	no
Deep depression, suicidal ideas?		
Hearing voices?		
Delusional beliefs?		
Incongruous behaviour?		

Do you ever get sudden	yes	no
Breathlessness?		
Swelling of face, lips, tongue or throat?		
Blueness of the lips?		
Loss of consciousness?		
Loss of vision?		
Convulsions/fits?		
Unexplained behavioural change?		

Do you have difficulty	yes	no
Swallowing?		
Breathing?		

Have you noticed a change	yes	no
In bowel habit?		
In a skin lesion (size, shape, colour, bleeding, itching, pain)?		

Is your GP aware of the symptoms marked here with a Yes? If not, specify which	yes	no

Client full name: _____

Client signature: _____ Date: _____

Do you have persistent	yes	no
Vomiting &/or diarrhoea?		
Thirst?		
Increase in time passing urine?		
Cough?		
Unexplained loss of weight (1 lb per week or more)?		

Other signs and symptoms	yes	no
Do you suffer from pallor?		
Do you notice unexplained swelling or lumps anywhere?		
Do you have neck stiffness associated with fever?		
Do you suffer from unexplained recurrent or persistent fever?		
Do you have brown patches around the body?		

Women only	yes	no
Are you pregnant?		
Are you trying for a baby?		
If you are pregnant, how many weeks into the pregnancy are you?		
What form of contraception do you use?		

Is your GP aware of the symptoms marked here with a Yes? If not, specify which	yes	no

Client full name: _____

Client signature: _____ Date: _____