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Functional & Clinical Nutrition

Before we begin our journey together, **I want to discuss something very important that will have a major impact on your ability to reach your goals, feel better and achieve maximum improvement.** After many years in practice I discovered that the way to achieve health and stay healthy is to discuss of how you have lived your life up to this point and how you will live it in the future.

Have you ever wondered if you were on the right path to achieving your optimal health? The definition of insanity is: “to keep doing the same thing over and over and expecting different results”. **If you keep following the same course of treatment you have been following & it hasn’t been successful, will your results ever change? No.** You need a new and improved way to reach your destination.

Many people tell me they’ve made a decision to change but how many people actually do it? Very few! Why? **Because there’s a big difference between making a quick decision and having reasons that drive you to actually make it happen.** Those internal reasons and beliefs will create an internal autopilot, an internal drive that does what it takes to achieve health and wellness.

To kick this off and to help you make significant changes in your health, I want to ask you a few very important questions. I want you to be honest with yourself and really dig deep inside for the answers. Please answer the following questions with as much detail as possible.

Please answer all questions independent of each other (for example do not combine questions one and three below, but answer each one individually). Please do not leave any answers blank or answer, “I don’t know” to any of the questions.

Health History Review Questions

List your chief complaints about your health in order of importance to you.

Provide your health history using a timeline sequence (earliest to most recent).

When was the last time you felt well? What do you think has happened to your health since that time?

List any treatments, medications, or supplements that have improved your health.

List any treatments, medications, supplements, or that have caused reactions or decreased your health.

List any medications, dosages and why you are currently taking the medication.

List supplements, dosages, and why you were currently taking the supplements.

List in a timeline any medical procedures you have had.

List in a timeline any exposure to environmental, industrial or toxic compounds.

List any history of infections (excluding flus and common colds).

Do you have or have you ever had an eating disorder? If you've recovered, how did you do so?

Thing you feel you should tell Crystal Chester about yourself or your case that has not been covered so far?

5-Day Food Log

Lastly, please **complete a 5 day food log of everything you eat and drink including at least 1 weekend day**. Please turn that in with your assessment forms. You can write them down & take a picture, keep a log in your phone or use My Fitness Pal app and add me as a friend so I can simply check it that way. Don't try to eat "perfect" for the dietitian. ;) The more realistic it is the more progress we'll make.