

QUESTIONNAIRE NCQ002

Last printed: 2005-02-10 (09:45:00)

Ursula Fearn - Page 1 of 3



CANCER — NUTRITIONAL SUPPORT QUESTIONNAIRE

First Name: _____ Surname: _____

Address _____

Postcode: _____ Telephone: _____

e-Mail: _____

Occupation (current, if working, or past): _____

GP's details: _____

Consultant's details: _____

I heard about your services from: _____

Date of Birth (DOB): _____

Weight (now): _____ Weight (previous): _____ Height: _____

Current cancer type: _____ Current Staging: _____

Location of metastasis (if present): _____

Current treatment: _____

Detail any side effects: _____

Current supplementation: _____

Current complementary medicine used: _____

If you require clarification concerning the information outlined above please contact your nearest qualified nutritional therapist for an appointment or contact: Ursula Fearn, MSc. Dip. ION BANT — Telephone: (01620) 826810, (07810) 673565 or (0131) 225 8092 or email: ursula@nutri-ception.co.uk (website: www.nutri-ception.co.uk).

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Ursula Fearn - Page 2 of 3



FULL HISTORY OF COMPLEMENTARY MEDICINE USED:

Date	Type	Outcome*	Clinic name/location

* positive, negative or no impact

Initial diagnosis date:

Preceding events and/or previous illness:

Family history of cancer (type & relationships)

Daily no. of cigarettes, pipes, cigars smoked — previous, current (if any) and no. of years:

DATES, TYPE AND TREATMENT, IF ANY RECURRENCE:

Date	Type of cancer	Treatment details

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Ursula Fearn - Page 3 of 3



Cont. ...

Date	Type of cancer	Treatment details

CURRENT DIET DIARY:

DAYS	BREAKFAST	LUNCH	SUPPER	SNACKS + BEVERAGES
1				
2				
3				

No. of alcohol units per week: _____

THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL

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