FUNCTIONAL TIMELINE

Client:_____DOB:_____Date:_____

- Height/weight:
- Living situation:

OVERVIEW

CHIEF CONCERNS:

-

CLIENT'S GOALS WORKING WITH VE NUTRITION:

-

NUTRITION DETAILS:

- GENERAL DIET
  - Bullet point
  - Bullet point
- FOOD ALLERGIES
  - Bullet point
  - Bullet point
- COFFEE/ALCOHOL INTAKE
  - Bullet point
  - Bullet point
- GENERAL
  -
- More bullet points if needed
- Bullet point

HEADING 2

- More bullet points if needed

SUPPLEMENTS/MEDS:

-

FUNCTIONAL TIMELINE

HEALTH CONCERNS	DATE	TRIGGERS OR TRIGGERING EVENTS
	PRENATAL Antecedents	(FAMILY HISTORY)
Birth: Breastfed:	BIRTH	
Current health concerns:	2015	Notes •

Adapted from Functional Nutrition Alliance

LIFESTYLE NOTES

LIFESTYLE NOTES

-

STRESS

-

ENERGY

-

MOOD

-

EXERCISE

-

HORMONES

-

SLEEP

-

BM:

- Frequency
  -
- Comments
  -

FUNCTIONAL TIMELINE

LAURIE'S NOTES

CURRENT LABS?

-

RECOMMENDATIONS/ACTION ITEMS:

- FMP
  -

TOPICS WE DISCUSSED:

-

IMPRESSIONS/THOUGHTS:

-

Medical abbreviations

PRN	As needed
OBC	Oral birth control (Not sure if this is legit)
PO	By mouth
hs	at bedtime
BID	2x/d
TID	3x/d
ADL	Activities of daily living
Bx	Biopsy
Sx	Surgery
Sx	Symptoms
HBP	High blood pressure
QD	Daily