

Gut Health Check-In Form - Heather Isabel

Check-in on your gut health.

Full Name

Which digestive symptoms are you currently experiencing?

	Rarely or never	Sometimes	Frequently
Bloating			
Gas			
Loose stools			
Constipation			
Cramping			

Which other symptoms are you currently experiencing?

	Rarely or never	Sometimes	Frequently
Lowered immunity			
Brain fog			
Skin imbalances			
Mood imbalance			
Weight gain			
Low energy			

How have you felt about your gut health these last two weeks?

How would you rate the impact of your gut health on your overall health and life over the last two weeks?

1 2 3 4 5 6 7 8 9 10

1 = 1 = very low impact, 10 = 10 = very high impact

Would you like to find out more about how I help you with gut issues? [Click here](#) to book a free call.