



# Our Proactive Path

with Vanessa Dunford, MSc, BSN, Dip NT CNM, mANP, mGNC



YOUR FIRST STEP IN CREATING  
A HEALTHIER & MORE  
BALANCED LIFE



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Thank you for booking your appointment with me. I am delighted that you have decided to take the first step in creating a healthier, more balanced life by engaging in naturopathic nutrition therapy.

As previously discussed, your initial consultation will last 45-60 minutes and is priced at £130.00. I would ask that you arrive at our online appointment 10 minutes prior so we can start on time and make sure all paperwork is filled out correctly and ensure maximum efficiency during our session together.

During this first consultation, I will ask you questions about your body, your current diet, and your lifestyle, as well as any medications or supplements you are currently taking. The purpose of these questions is to gain an understanding of your current lifestyle, health history, and medical background which will allow me to create a personalised treatment plan tailored specifically for you and your individual needs and circumstances.

Once we have collected all of this information, I will then begin to craft an actionable protocol designed to help you reach your goals within the timeframe agreed upon between us. This protocol will include dietary advice and recommendations on foods that can benefit your health, ideas for incorporating physical activity into your weekday or weekend routines, lifestyle modifications if necessary, and suggested supplementation where appropriate - all tailored specifically for you in order to optimise both physical and mental well-being.

**24-96 business hours** after our initial consultation I will send the protocol to [your nominated email address](#) where I will let you have all of the information about the supplements needed, so you are able to purchase these yourself or from a supplier where I like to pass on a discount to my clients.

Any follow-up appointments that may be required during our course of treatment together can last 30-45 minutes each at a cost of £110 per session. After each follow-up session, I will send a revised plan containing updated advice that should be adhered to in order for us to move towards achieving optimal results together.

Finally, please remember that once payment is made (either full payment before the consultation takes place or alternatively a deposit of £60 when booking) please do not forget to send a confirmation receipt to [ourproactivepath@gmail.com](mailto:ourproactivepath@gmail.com). Thank you kindly.

I look forward to seeing you soon!

Sincerely yours,

Vanessa Dunford, MSc, BSN, Dip NT CNM, mANP, mGNC



# Case History Form

(CONFIDENTIAL)

## SECTION A:

*(completed by the client)*

Today's Date: \_\_\_\_\_

### Client's details:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number/s: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

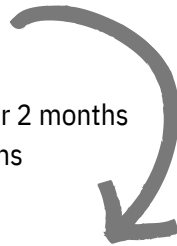
Waist circumference (if known): \_\_\_\_\_

Write all your medications or supplements.  
Please write a list of these items with dosage information.

Example:

Methotrexate, 15mg injection once a week (every Thursday) for 2 months

Aid-Inflam by New Roots Herbals, 2 capsules/daily for 3 months





## SECTION B:

(completed by the client)

Choose two problematic symptoms (physical or mental) which bother you the most. Write them on the lines.

Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

**SYMPTOM 1:** .....

0	1	2	3	4	5	6
As good as it could be					As bad as it could be	

How long have you been experiencing Symptom 1, either all the time or on and off? Please circle:

0 - 4 weeks	4 - 12 weeks	3 months - 1 year	1 - 5 years	over 5 years
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**SYMPTOM 2:** .....

0	1	2	3	4	5	6
As good as it could be					As bad as it could be	

Now choose one activity (physical, social, or mental) that is important to you, which your problem makes it difficult to do or prevents you from doing. Score how bad it has been in the last week.

**ACTIVITY:** .....

0	1	2	3	4	5	6
As good as it could be					As bad as it could be	

How long have you been experiencing Symptom 2, either all the time or on and off? Please circle:

0 - 4 weeks	4 - 12 weeks	3 months - 1 year	1 - 5 years	over 5 years
-------------	--------------	-------------------	-------------	--------------

Are you taking any medication FOR SYMPTOM 1 AND SYMPTOM 2? Please circle: YES / NO

Lastly, how would you rate your **general feeling of well-being** during the last week?

0	1	2	3	4	5	6
As good as it could be					As bad as it could be	





# Terms of Engagement & Consent Form

## SECTION C:

*(completed by the client)*

This form must be signed before our consultation can commence.

Naturopathic treatments utilize the principles and practices of Naturopathic medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

Naturopathic Nutrition looks at a person **as a whole**, assessing mental, emotional and physical health. During our consultation, a thorough health history will be taken and, if needed, specific lab diagnostic tests might be required by other health care practitioners you have/are seeing or through private testing laboratories.

By signing this statement of acknowledgment, you understand that:

1. I am a Naturopathic Nutritionist and NOT a conventional medical doctor (GP). Any treatment you receive is not mutually exclusive from any treatment or advice you may now be receiving or may receive in the future from any other licensed health care practitioner.
2. The methods I may use have a proven clinical foundation, yet may not be recognised or accepted by standard (allopathic) medicine.
3. The treatment and/or referral to other health care practitioners is based on the assessment of your health, revealed through personal history, examination, laboratory testing, and any other appropriate method of evaluation.
4. I reserve the right to determine which cases fall outside my scope of practice, and in which event the appropriate referral will be recommended.
5. You are not an agent of any private or government agency attempting to gather information without so stating your intentions.
6. Changes in dietary habits are not an absolute prerequisite for treatment and you understand that failure to follow sound nutritional, exercise and lifestyle programs could undermine any expected results.
7. You are accepting or rejecting this care of your own free will.
8. The ultimate responsibility for your health care is your own and I am here to support you in this. I reserve the right to discontinue my services where it is apparent that your expectations and what I can provide are not in agreement.
9. Understanding that all fees, for services and supplements are payable at the time of appointment by the client or the guardian. Notice of 24 hours is required for appointment cancellations, otherwise, you will be charged an administration fee of £30.00
10. You are responsible for contacting your GP or specialist about any health concerns you may have.
11. Please advise your GP of the naturopathic nutrition protocol you will be following. Please also advise any other complementary medicine practitioners you are consulting.
12. It is important that you tell your practitioner about any medical diagnosis you have received or any prescription medication, herbal medicine or food supplements or over-the-counter medication you are taking as it may affect the naturopathic nutritional protocol.

I.....have read, understood, and acknowledged the above statements.

Signature:.....

Today's Date:.....



## Personal Medical History

(CONFIDENTIAL)

### SECTION D:

*(completed by the client)*

#### Medical history:

Childhood illnesses, previous accidents, operations or medical interventions, recurrent illnesses or previous diagnoses in formative years. Ex: Appendectomy, Car Accidents, Bone Fractures etc.

**Birth (please circle):**      Natural birth   OR   C-section                      Breast fed   OR   Bottle fed

Please elaborate if there is any delivery trauma:

#### Childhood (if known) & other recent Seasonal Flu or Covid-19 etc. including any adverse reactions.

Example:

20/04/21 AstraZeneca (1st); 06/07/21 AstraZeneca (2nd); 06/01/21 Pfizer (3rd).

Had metallic taste in my mouth after my 1st vaccine.

#### Past medications (childhood/adolescence etc.) – if known:

**Including hormonal contraceptive use**

Name of medication:	Reason for taking/side effects:	Dose:	Taken since:	Frequency of intake:



## Family Medical History

(CONFIDENTIAL)

### SECTION D:

*(completed by the client)*

Family member:	Conditions: (Ex: Diabetes, Hypertension etc.)
Mother	
Grandmother (maternal)	
Grandfather (maternal)	
Brother(s)	



Family member:	Conditions: (Ex: Stroke, Colon Cancer etc.)
Father	
Grandmother (paternal)	
Grandfather (paternal)	
Sisters(s)	





# 3-Day Food Diary

## SECTION E:

*(completed by the client)*

	WEEKDAY	WEEKDAY	WEEKEND
BREAKFAST			
SNACKS			
LUNCH			
SNACKS			
DINNER			
SNACKS			
DRINKS			
COMMENTS			



## 3-Day Food Diary

### SECTION E: (SAMPLE COPY)



	Weekday	Weekday	Weekend
Breakfast (8:30 - 9am)	Yogurt, cereal, fruit, peanut butter nuts Water	Egg (1 or 2) bread (sourdough) Mayonnaise or cheese (mozzarella or cream cheese) water	2 or 3 slices of sourdough bread - with butter / Jam / honey Water
Lunch (12pm)	big salad: Pasta, tomato, avocado, cheese: mozzarella, nuts, cucumber, onion, dressing. Yogurt or date Water	Rice (50g) chicken (80g) Veggies + homemade sauce sweet and salty biscuits or yogurt Water	Avocado toast or homemade vegie toast or eat out Water
Snack (16 pm)	2 boiled eggs with mayonnaise +	Yogurt and cereal (small bowl) + fruits +	cheese sandwich + biscuit +
Last meal	high fibre crackers with butter / honey Water	peanut butter Water	nuts Water
2L Water per day			



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PLEASE EMAIL THIS FORM VIA  
OURPROACTIVEPATH@GMAIL.COM  
48-72 HOURS BEFORE OUR  
SCHEDULED ONLINE  
CONSULTATION

*THANK YOU!*

