Current Medications and Supplements: (*please list everything you are taking*):
Please list name of medication or supplement, dosgae you are taking, how long you have been taking it for, and the reason you started taking it.

JS health hair + energy vitamins

evening primrose oil

vitamin D

esmi skintrients - dehyration
- probiotics

Dietary Analysis
Please provide an overview of what you would usually eat on an average day. This is an estimate only:

BREAKFAST: chai latte.

LUNCH: some kind of quick snack chocolate bar?

DINNER: pasta, toast.

SNACKS: fruit smoothie, chocolate

BEVERAGES (hot & cold & alcoholic): chai latte. lots of water.

I declare that the above information provided by me is true and correct to the best of my knowledge:

Signed: _____

Dated: 15 March 2022

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