



Please either print this form, complete and send to:  
Flourish Naturopathy,  
20 Argyle St, Mornington,  
Dunedin 9011.

OR  
Scan and email to [flourishonline@gmail.com](mailto:flourishonline@gmail.com)

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

Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

**CANDIDA QUESTIONNAIRE**

Please complete if any of the following apply to you currently, or over the past three months: (circle Y or N)

Abdominal pain	Y	N
Antibiotic use	Y	N
Bad breath	Y	N
Bloating	Y	N
Body odour that is difficult to control	Y	N
Coated tongue	Y	N
Constipation	Y	N
Craving for bread and high carbohydrate foods	Y	N
Craving for sugar and sweet foods	Y	N
Craving for alcohol	Y	N
Craving for cheese	Y	N
Diarrhoea	Y	N
Fatigue	Y	N
General feeling of being unwell	Y	N
Oral contraceptive pill use	Y	N
Prednisone use (steroid medication)	Y	N
Vaginal discharge	Y	N
Vaginal itching	Y	N
Vaginal or urinary tract infections	Y	N
Fungal infections of the skin (eg: ringworm) or other (eg:tinea/athlete's foot)	Y	N

Any other health issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this form. We will contact you soon to discuss.