

# flourish NATUROPATHY

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## DIGESTIVE HEALTH QUESTIONNAIRE

Please tick if any of the following apply to you:

**Tick**

<input type="checkbox"/>	Bad breath
<input type="checkbox"/>	Coated tongue
<input type="checkbox"/>	Gum disease
<input type="checkbox"/>	Mouth ulcers
<input type="checkbox"/>	Reflux (heartburn)
<input type="checkbox"/>	Bloating
<input type="checkbox"/>	Flatulence
<input type="checkbox"/>	Abdominal pain or discomfort
<input type="checkbox"/>	Bowel looseness
<input type="checkbox"/>	Undigested food matter in stool
<input type="checkbox"/>	Constipation (less than one bowel motion per day)
<input type="checkbox"/>	Clay coloured stool
<input type="checkbox"/>	Blood or mucous in stool
<input type="checkbox"/>	Hemorrhoids
<input type="checkbox"/>	Poor tolerance to fatty foods
<input type="checkbox"/>	Poor tolerance to dairy products
<input type="checkbox"/>	Poor tolerance to grains, nuts or seeds
<input type="checkbox"/>	Sugar and/or carbohydrate cravings
<input type="checkbox"/>	Family history of bowel disease
<input type="checkbox"/>	Other (please detail)
<input type="checkbox"/>	