



ANGELA PIFER | FUNCTIONAL MEDICINE NUTRITIONIST

PRE-APPOINTMENT PAPERWORK & QUESTIONNAIRE

*Please print this form and return the completed form via fax or email attachment, at least 24 hours prior to your intake consult.

Name

Date of Birth

Address

Phone

Please list your top health concerns, in order of importance:

1.

2.

3.

4.

Please concisely list your top three questions and feel free to reference your question back to a concern listed above.

1.

2.

3.

Fax 425-274-1554
www.SIBOGuru.com
scheduling@sg.siboguru.com



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Please briefly list the treatment protocols that you have been placed on:

Are you following a restricted diet? Check all that apply:

FODMAP

SIBO Specific Food Guide

Other (please specify) _____

How long have you been on a restricted diet? _____

What else would you like to discuss with Angela at your consult?

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Cancellation Policy

Cancellations and rescheduled consults that occur with less than 24 hours' notice will be charged the full price of the consult. You will need to reschedule your appointment through the online scheduler.

No Show Policy

If you are more than 15 minutes late for your appointment, this will be considered a no-show and no-shows will be charged the full price of the consult. You will need to reschedule your appointment through the online scheduler.

By signing this form, you agree that you have read and agree to the cancellation and no-show policy.

_____ Date: _____
Patient Signature

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