

after eating certain foods



HEALTHCARE PRACTITIONER

GUT-BRAIN AXIS ASSESSMENT

Intake Form

NAME:							
EMAIL:							
Assessment of Symptoms							
Please read through t		and rate how often y	ou experience				
each symptom, using	this rating scale:						
1	2	3	4	5			
Never or Rarely (less than once a year)	Occasionally (a few times a year)	Frequently (several times a month)		Daily or (multiple times a day)			
Constipatio Bloating, be Hearturn, G Undigested Hemorrhoic			SKIN HEALTH Acne Eczema or psor Rashes, redness Rosacea Excessive skin s MOOD AND WE Anxiety or panic Fearfulness or re Sadness or easy	ensitivity ELLBEING c attacks hervousness			
Shortened a			DepressionMood swingsIrritability or shoAnger or aggresChange in mood	ssion			



	SLEEP STATE		STRESS STATE		
	Fitful or restless sleep		Chronic stress or tension		
	Trouble falling asleep		Abdominal pain during stress		
	Trouble staying asleep		Bloating or indigestion during stress		
	Waking during the night		Changes in appetite during stress		
	Nightmares or night terrors		Stress that interferes with sleep		
RELEVANT HEALTH HISTORY AND STATUS Have you ever been diagnosed with a gastrointestinal disorder (such as irritable bowel syndrome, inflammatory bowel disease, or celiac disease)? Have you ever been diagnosed with a mental health disorder (such as severe depression, bipolar disorder, schizophrenia, or neurodevelopmental disorder)? Have you ever experienced a traumatic event such as physical or emotional abuse, car accidents, natural disasters, or other trauma? Have you ever taken or are you currently taking any medications or supplements for gastrointestinal or mental health issues? Do you have a history of frequent or extended antibiotic use, or are you currently taking antibiotics?					
Is there anything else you would like to share about your health history or current symptoms?					

Notice and Disclaimer: This intake tool is for general informational purposes only. It should not replace the advice of a healthcare practitioner. An accurate diagnosis can only be made through clinical evaluation. The information provided herein is based on a review of current existing research; SFI Health does not accept responsibility for the accuracy of the information itself or the consequences from the use of the misuse of the information.

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HOW TO USE THE INTAKE FORM

A well-designed, comprehensive intake form can efficiently and effectively guide practitioners toward a thorough analysis, inform therapeutic options, and offer a personalized approach to patient care. At the same time, you don't want to overwhelm new clients with an endless barrage of questions. To avoid repetition, craft a tailored gut-brain axis (GBA) assessment and include it as an addendum to your usual intake form.

Start with a general overview of gut symptoms and digestive health to gather basic facts, then proceed to a deeper dive. Detailed questions that tease out clues of GBA problems are essential for a fuller understanding of individual challenges and a personalized treatment plan. Subtle, often-overlooked symptoms, like joint pain or skin conditions, may point to underlying inflammation triggered by gut dysbiosis, and past trauma or current stress can indicate potential GBA dysregulation. A detailed exploration of sleep state also offers vital clues for intervention and can suggest targeted treatment approaches.

The key is to create a comprehensive intake without being redundant. Streamline your assessment, eliminating any superfluous or repetitive questions that may already be covered on your general intake form. Dividing GBA symptoms into categories helps providers better organize data and identify underlying causes or contributing factors impacting the gut-brain connection. And asking about severity and frequency uncovers useful details better than simple yes-or-no questions. Here's a guide to get you started.

Practitioner Resource:

