Sami Rose

New Client Intake - Naturopathy

Practitioner	Maddi Brown
Appointment	13 Sep 2023, 3:00PM
Completed	8 Sep 2023, 5:17PM

Client Details

Address	255 Zillmere Road, Zillmere
Date of Birth	10 May 1986
Occupation	Counsellor

Next of Kin

Name	Sina
Relationship	Mother
Phone Number	0403174794

Referral Information

Referred by

- [ ] Family/friend
- [ ] Advertisement
- [ ] Walk/drive by
- [ ] Social media
- [x] Practitioner
- [ ] Other

Health History

Have you seen a naturopath before?	☐ Yes ☑ No
What is your main presenting condition/concern today?	High stress/anxiety, digestive issues
Do you have any children? If yes how many and ages	No

Are you trying to conceive?

- [ ] Yes
- [x] No

Do you have any known allergies

No

Are you a smoker and/or vaper?

- [ ] Yes
- [x] No
- [ ] Former

List any recent or previous surgeries or procedures you have had done

Most recent - minor procedure for melanoma removal April 2022, prior to this only major surgery was breast augmentation in 2015

Any significant past or current medical diagnosis?

No

How frequently have you taken antiobiotics

- [ ] Regular - more frequently than monthly
- [ ] Monthly
- [ ] 2-3 times per year
- [ ] Once per year
- [x] Rarely

Are you on hormonal contraceptive?

- [ ] Yes
- [x] No
- [ ] N/A

What have you used for contraception? (select all that apply)

- [ ] Oral contraceptive (the pill)
- [ ] Mini pill (progesterone only)
- [ ] IUD
- [ ] Implanon
- [ ] Surgical
- [ ] Withdrawal
- [ ] Temperature tracking
- [x] N/A
- [ ] Other

Do you (or have you recently) suffer/ed from any of the following?

- [ ] Dizziness, vertigo, light headedness
- [x] High stress levels
- [ ] Insomnia, Restless Legs
- [x] Anxiety and/or depression
- [x] ADHD (diagnosed or assumed)
- [x] Recurrent fatigue
- [ ] Thrush, candida, recurrent UTIs
- [ ] High blood pressure, poor circulation, high cholesterol
- [ ] Other known heart conditions
- [ ] Headaches, migraines
- [ ] Regular sinus infections, allergies
- [ ] Acne, psoriasis, eczema
- [x] Regular gut symptoms: bloating, gas, diarrhoea, constipation, heart burn, nausea
- [ ] Viral infections (HSV, EBV, CMV, HPV or other)
- [ ] Nerve pain (shingles, fibromyalgia etc)
- [ ] Sore muscles or cramping
- [ ] Tingling or numbness
- [ ] Panic attacks
- [ ] Difficulty breathing
- [ ] Covid
- [ ] Diabetes or Pre-diabetes
- [ ] Endometriosis, adenomyosis,

- [ ] Amenorrhea, dysmenorrhea, irregular periods
- [ ] Infertility concerns, recurrent miscarriage
- [ ] Other musculoskeletal conditions

Medication and Supplements

What medication (including dose and frequency) are you currently taking?	None
What supplements are you currently taking (including brand, dose and frequency)	Over the counter vitamin gummies for fibre, general multivitamin, iron and vitamin c, I think they are all natures way
Are you interested in hearing about functional testing options?	Sure!
Do you have a budget in mind for your treatment today?	As minimal as possible but obviously happy to invest in what you think is necessary!
How motivated are you to make positive change and meet your health goals?	- [ ] Very motivated - I'm all in! - [x] I want to change but I feel nervous/unsure of what to do - [ ] I'm somewhat motivated, if it feels right for me - [ ] I don't think I'm ready to change but I'd like to hear my options - [ ] Not motivated

Declaration

I, the undersigned understand that:

- The practitioner will ask a series of questions during the consultation to determine treatment plan suitability and likely causation of presenting complaints.
- I may choose to terminate the consultation at any time, but may be required to pay in full for the consult according the the Clinic Cancellation Policy.
- My health records are confidential and will be used for research and treatment purposes only. Under no circumstances will my file leave the server of The Well Collective Studio.
- It may be necessary from time to time for my case to be discussed with other health professionals (e.g. general practitioners, medical specialists, and/or complementary medical practitioners) and provide my consent for part/all of my medical case notes to be released for these purposes only.

On signing, I accept and agree to the Clinic Cancellation Policy and Clinic Refund and Return Policy.

Signature