



## Mr Aidan Bingham

New Client Intake - Naturopathy

**Date of birth** 26 Aug 1994

**Practitioner** Kit Tomlinson

**Appointment** 19 Jun 2023, 10:30AM

**Completed** 17 Jun 2023, 4:27PM

### Client Details

**Address** 12 Owenia Circuit

**Date of Birth** 26 Aug 1994

**Occupation** Unemployed

### Next of Kin

**Name** Caroline Bingham

**Relationship** Mother

**Phone Number** 0425324055

### Referral Information

**Referred by**

- ☒ Family/friend
- ☐ Advertisement
- ☐ Walk/drive by
- ☐ Social media
- ☐ Practitioner

### Health History

**Have you seen a naturopath before?**

- ☐ Yes
- ☒ No

**What is your main presenting condition/concern today?** Chronic cough, on and off for 2 years

**Do you have any children? If yes how many and ages** No

**Are you trying to conceive?** ☐ Yes

☒ No

**Do you have any known allergies**

Nil

**Are you a smoker and/or vaper?**

☐ Yes  
☒ No  
☐ Former

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

Lung CT done 1 week ago - benign nodule stable from last CT

**Any past or current medical diagnosis?**

Bronchitis as a baby  
Intellectual disability - autism / slow learning

**Have you ever taken antibiotics**

☒ Yes  
☐ No

**How frequently have you taken antibiotics**

☐ Regular - more frequently than monthly  
☐ Monthly  
☒ 2-3 times per year  
☐ Once per year  
☐ Rarely

**Are you on hormonal contraceptive?**

☐ Yes  
☒ No

**What have you taken for contraceptive?  
(select all that apply)**

☐ Oral contraceptive (the pill)  
☐ Mini pill (progesterone only)  
☐ IUD  
☐ Implanon  
☐ Surgical  
☒ Other (Nil)

**Do you have any significant family medical history?**

Nil

## Medication and Supplements

**What medication (including dose and frequency) are you currently taking?**

Augmentem antibiotic

**What supplements are you currently taking  
(including brand, dose and frequency)**

Vitamin C every night

## 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 to 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**

A handwritten signature in black ink, appearing to be 'Ah' followed by a long horizontal stroke.