



Ally Macdermid

New Client Intake - Naturopathy

Date of birth 29 Sep 1984

Practitioner Leesa Young

Appointment 20 Jul 2023, 12:30PM

Completed 19 Jul 2023, 10:00AM

Client Details

Address 29 Sunshine Ave, Tweed Heads sth

Date of Birth 29 Sep 1984

Occupation Business owner

Next of Kin

Name Michael Macdermid

Relationship Husband

Phone Number 0419343730

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?

Nodules on Thyroid
Energy
Weight
Overall wellness

Do you have any children? If yes how many and ages Yes. Two girls, 8 and 6

Are you trying to conceive?

- ☐ Yes
☒ No

Do you have any known allergies

No

Are you a smoker and/or vaper?

- ☐ Yes
☒ No
☐ Former

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

Any past or current medical diagnosis?

PCOS
Depression/anxiety

Current thyroid issues under investigation

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

Do you have any significant family medical history?

Melanoma- Dad
Depression - mum

Medication and Supplements

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

Pristiq- depression and anxiety 100mg daily

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

Na

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

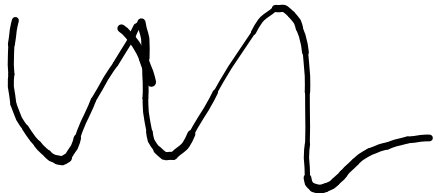
Policy.

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, consisting of a series of connected loops and curves, resembling a stylized 'W' or 'M'.