



Mrs Ashlee Fraser

New Client Intake - Naturopathy

Date of birth 1 Feb 1995

Practitioner Leesa Young

Appointment 27 Jun 2023, 11:30AM

Completed 26 Jun 2023, 2:23PM

Client Details

Address 3 Woodroffe St, Terranora

Date of Birth 1 Feb 1995

Occupation Osteopath

Next of Kin

Name Jayden Fraser

Relationship Husband

Phone Number 0406684030

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? Bloating, nausea, constipation
Had a bout of very intense stomach pain about a month ago that lasted a week then just disappeared. My gut hasn't felt great since then

Do you have any children? If yes how many and ages 3 children - 7yrs, 5yrs and 2yrs old

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 C-section 5 years ago, haemorrhoid surgery & colonoscopy 2 years ago

Any past or current medical diagnosis? No

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? No

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) No regular supplements

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.

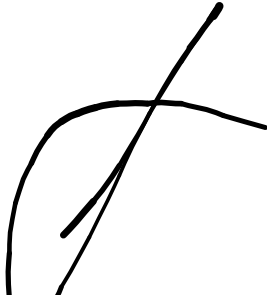
I may choose to terminate the consultation at any time, but may be required to pay in full for the consult according to the Clinic Cancellation Policy.

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 large, sweeping curve on the left that crosses over a diagonal line extending upwards and to the right.