



## Ashleigh Fong

New Client Intake - Naturopathy

**Date of birth** 1 Feb 1988

**Practitioner** Maddi Brown

**Appointment** 27 Jul 2023, 4:00PM

**Completed** 26 Jul 2023, 8:57PM

### Client Details

**Address** 9 Harrier Crescent Peregian Springs

**Date of Birth** 1 Feb 1988

**Occupation** Sales consultant

### Next of Kin

**Name** Kesa Strieby

**Relationship** Mother

**Phone Number** 0449101024

### 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?** Unusual weight gain, tiredness, concentration, low dopamine.

**Do you have any children? If yes how many and ages** 3 (13,11,9)

**Are you trying to conceive?** ☐ Yes

☒ No

**Do you have any known allergies**

Penicillin

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

☐ Yes  
☒ No  
☐ Former

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

2 left knee surgery from netball ACL and knee cap.

**Any past or current medical diagnosis?**

Yes, Blood disorder (hereditary angioedema).

**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 (Tubal Ligation )

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

Blood disorder, listed above and asthma and allergies to weather change, pollen etc.

## Medication and Supplements

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

Plasma injections called Takhzyro once a fortnight (sub cut injections) 300 mg/2

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

Just normal Berocca (one or twice a week, I tend to forget).

## 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 stylized, overlapping loops and a long, sweeping horizontal stroke extending to the right.