



Carlie Smith

New Client Intake - Naturopathy

Date of birth 21 Jun 1977

Practitioner Leesa Young

Appointment 29 Jun 2023, 12:15PM

Completed 27 Jun 2023, 2:26PM

Client Details

Address 8 Biral Close, Bilambil

Date of Birth 21 Jun 1977

Occupation Business owner

Next of Kin

Name Ben Smith

Relationship Husband

Phone Number 0404032656

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? Recurring thrush/ irritation- was prescribed Boric acid by dr but this did not agree with me at all and i stopped using it.

Do you have any children? If yes how many and ages Yes 2. 26 year old and 14 yr old

Are you trying to conceive? ☐ Yes

☒ No

Do you have any known allergies

Are you a smoker and/or vaper?

- ☐ Yes
☒ No
☐ Former

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

Hysterectomy about 18 months ago

Any past or current medical diagnosis?

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?

Currently taking course of antibiotics Ibilex for UTI

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

Was taking St Johns wort for anxiety/ stress

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 read "Carlie Smith". The signature is fluid and cursive, with the first name "Carlie" written in a larger, more prominent script than the last name "Smith".