



Caroline Bamford

New Client Intake - Naturopathy

Date of birth 6 Aug 1970

Practitioner Maddi Brown

Appointment 30 Aug 2023, 7:30AM

Completed 25 Aug 2023, 7:05PM

Client Details

Address 213/20 Binya Ave, Tweed Heads

Date of Birth 6 Aug 1970

Occupation Disaster services Manager

Next of Kin

Name Nicky Ford

Relationship Sister

Phone Number 0424266995

Referral Information

Referred by

- Family/friend
- Advertisement
- Walk/drive by
- Social media
- Practitioner
- Other

Health History

Have you seen a naturopath before?

- Yes
- No

What is your main presenting condition/concern today? Thyroid and menopause

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 Aspirin

Are you a smoker and/or vaper? Yes
 No
 Former

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

Any significant past or current medical diagnosis? Under active thyroid
MS
Osteo arthritis

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
 N/A

What have you used for contraception? (select all that apply)
 Oral contraceptive (the pill)
 Mini pill (progesterone only)
 IUD
 Implanon
 Surgical
 Withdrawal
 Temperature tracking
 N/A
 Other

Do you (or have you recently) suffer/ed from any of the following?
 Dizziness, vertigo, light headedness
 High stress levels
 Insomnia, Restless Legs
 Anxiety and/or depression
 ADHD (diagnosed or assumed)
 Recurrent fatigue
 Thrush, candida, recurrent UTIs
 High blood pressure, poor circulation, high cholesterol
 Other known heart conditions
 Headaches, migraines
 Regular sinus infections, allergies
 Acne, psoriasis, eczema
 Regular gut symptoms: bloating, gas, diarrhoea, constipation, heart burn, nausea
 Viral infections (HSV, EBV, CMV, HPV or other)
 Nerve pain (shingles, fibromyalgia etc)
 Sore muscles or cramping
 Tingling or numbness
 Panic attacks
 Difficulty breathing
 Covid
 Diabetes or Pre-diabetes

- Endometriosis, adenomyosis,
- Amenorrhea, dysmenorrhea, irregular periods
- Infertility concerns, recurrent miscarriage
- Other musculoskeletal conditions

Medication and Supplements

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

Tecfidera
Thyroxine

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

Vitamin D compound
Magnesium's
Vitamin C
Vitamin B
Zinc
Iron

Are you interested in hearing about functional testing options?

Yes

Do you have a budget in mind for your treatment today?

No .. but I don't have a lot of spare \$\$

How motivated are you to make positive change and meet your health goals?

- Very motivated - I'm all in!
- I want to change but I feel nervous/unsure of what to do
- I'm somewhat motivated, if it feels right for me
- I don't think I'm ready to change but I'd like to hear my options
- Not motivated

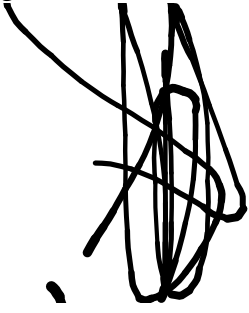
Declaration

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 the 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 several overlapping loops and lines, positioned below the 'Signature' label.