



Colin Butler

New Client Intake - Naturopathy

Date of birth 2 Feb 1968

Practitioner Kit Tomlinson

Appointment 9 Jun 2023, 12:30PM

Completed 9 Jun 2023, 12:37PM

Client Details

Address 15 Kintyre Crescent Banora Point /nSW 2486

Date of Birth 2 Feb 1968

Occupation IT Consultant

Next of Kin

Name Frances Butler

Relationship Wife

Phone Number 0434 584 555

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? Lack of energy

Do you have any children? If yes how many and ages 1 - 19 years

Are you trying to conceive? Yes

No

Do you have any known allergies

Tomato

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?

High Blood Pressure

Anxiety

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 (None)

Do you have any significant family medical history?

Father - Heart disease, Parkinson's, Prostate cancer

Mother - allergies

Medication and Supplements

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

Perindopril arginine 2.5 mg + indapamide hemihydrate 0.625 mg morning

Reaptan 5/5mg evening

Sertraline 50mg evening

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

Fish oil 3 capsules daily

B Complex daily

Multi Vitamin daily

Magnesium daily

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 'C. Butler'. The signature is stylized and cursive, with a large 'C' followed by a period, then 'B', 'u', 't', 'l', 'e', 'r' in a fluid, connected script.