

# Case Analysis

## Naturopathy

Patient Initials:

Age: 19

M/F/Preferred Pronoun: F

Date: 26/04/2023

Supervisor Name:

Student Name: Tiana Quaife

Student #:

### Naturopathic Understanding:

(What do you know? What do you understand? What is the cause for THIS patient?)

Frequent tonsillitis since young, poor immune system

Comes on when stressed - very stressed life with a big burden

### Note:

Predisposing/Excitatory/Sustaining Factors)

P - mental health issues

E - vitamin deficiencies, stress

S - deficiencies, stress

### Treatment Considerations

#### Constitution/Vitality

Low, very low

#### Factors Affecting Compliance

(e.g.) budget, religious, cultural, absorption, complexity, chronicity, diet, travel, taste, form)

Budget

#### Working Diagnosis & Differentials

(Including: worst case scenario)

Tonsillitis

Graves disease

Depression, anxiety, PTSD

#### Concerns/Red Flags/Further Tests/Referrals Required

Other

### Treatment Aims: Short and Long Term (Novice may start with 2 short term 2 long term aims)

Treatment Aim	Body System	Mechanism of Action	Outcome	Actions	Modality
What - are you trying to achieve	Location Where - tissues/system	How - are you going to achieve your aim? What mechanisms are you seeking to alter or potentiate? What energetics do you want to alter?	Why - anticipated outcome for patient?		

Improve immunity	Immune	Reduce frequency of sickness by improving t cell proliferation	Reduced frequency of tonsillitis	Immunomodulator	Herbal med
Increase concentration	NS	Improve ability to focus by increasing acetylcholine in the brain	Better focus	Nootropic	Herbal med

**Prescription****Action / Reason**

(Herbal, Nutritional, Energetics); include dose, range and dosage

**Tx Timeframe / Prognosis / Outcomes**

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**I have confirmed there are no herb / nutrient / drug interactions with my prescription.***My source for this information was:***Signature:****Date:** 26/04/2023*A signed copy of any written instructions must be placed in client file; all handouts must be approved by the supervisor and a copy attached to this form)***Dietary & Lifestyle****Further Notes***Issues to review next visit / Questions / Follow up requirements or referrals / Length of time until next app.**Complete full details of prescription on Dispensing Record Form with instructions as they appear on dispensed items.*

Student Signature:

Date: 26/04/2023

Supervisor Authorisation:

Date: