

Case Analysis

Naturopathy

Patient Initials:

Age: 19

M/F/Preferred Pronoun: F

Date: 27/09/2023

Supervisor Name:

Student Name: Tiana Quaife

Student #:

Naturopathic Understanding:

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

Traumatic childhood = autoimmune Graves & frequent illness

Frequent tonsillitis since young, poor immune system

Comes on when stressed - very stressed life with big burdens

NAC + Imuni immune defence has worked well, not been sick all month (a first!)

Keeping prescription as is and continuing treatment until she runs out.

Note:

Predisposing/Excitatory/Sustaining Factors)

P - mental health issues

E - vitamin deficiencies, stress

S - deficiencies, stress

Treatment Considerations

Constitution/Vitality

Factors Affecting Compliance

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

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 <i>What - are you trying to achieve</i>	Body System <i>Location Where - tissues/system</i>	Mechanism of Action <i>How - are you going to achieve your aim? What mechanisms are you seeking to alter or potentiate? What energetics do you want to alter?</i>	Outcome <i>Why - anticipated outcome for patient?</i>	Actions	Modality
Reduce frequency of sickness	Immune	Improve antioxidant capacity	Less sickness	Antioxidant	Nutritional med
Increase health	Systemic	Improve overall health by increasing overall vitamin intake	Reduced sickness	Cofactors	Nutritional med
Improve stress response	NS	Provide cofactors for GABA synthesis and stress resilience	Improved stress resilience	Cofactors	Nutritional 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:** 27/09/2023*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: 27/09/2023

Supervisor Authorisation:

Date: