

(A-)

NAME Kathy Smith DATE 7.2.18
 ADDRESS 7 Jerilderie Drive, Happy Valley
 PHONE 040777 2587 MOBILE 040 777 2587
 DATE OF BIRTH 7.5.76 MALE/FEMALE (FEMALE) EMAIL Kathysmith@live.com.au
 OCCUPATION teacher HEALTH FUND mutual conn. (hospital)
 ALLERGIES /INTOLERANCES/REACTIONS Nil (BUPA) only

MEDICATIONS AND/OR SUPPLEMENTS Smisse high strength vit C 1000mg 1-AM
Naturo way High Strength Magnesium 600mg (1x at night) Co-enzyme Q10 300mg when I feel like getting a cold
Smisse high strength * hasn't started.
 ALCOHOL/SMOKING/REC. DRUGS occasional drink

YOUR HISTORY (injuries/ surgery/past major illnesses/ childbirth) (8,12) 2X children, 1
(1st pregnancy.) miscarriage, hysterectomy (4 yrs ago), ton cuff inside (L) 2:5 hrs ago
(still have burnies) (heavy periods) * gallstones - when pregnant (12 weeks ago)
 PAST HISTORY: MOTHER high cholesterol FATHER AF
hysterectomy OTHER grandpa - low wbc OTHER DAO diabetes. (12 weeks ago)
grandma - hi chol. - 3 Bipass (2x 89)

YOUR SYMPTOMS/ REASON FOR VISIT-

- check hormones, cortisol, adrenalin neverness
 - difficult losing weight, haven't changed anything... just put on 5+ kgs over last few years
consistent weight previously for 15 yrs.
-> sweats in morning
had sore throat / hoarsely ?
low wbc - consistently
LDL started to get high.

Swisse high strength vit. C
1000mg effervescent

Natures Way High Strength
magnesium 600mg.

Swisse High Strength Co-enzyme Q10
300mg.

Coffee + milk starch - rice crackers

Breakie - protein shake, + water
toast w/ avocado / or tomato,
veganite, natural nuteli w/ yoghurt

Lunch - ^{recess coffee} lettuce, brown rice
Salad, tna + rice crackers

Dinner - burritos w/ rice, spag bol,
tuna nonag, chicken salad,
Salad s/w, bacon + egg s/w,
egg w/ baked beans, curry w/ rice
chicken w/ veges,

Basal temp

Army smrt



36.2 (LH)

36.1

36.3

36.4

35.9

35.6

36.3

36.1

36.0

35.7

35.9

35.7

36.0

36.4 (L) 35.5 (R)

35.6

35.7/36.1

35.9

peppermint tea
1-2

(H2O) 1-2
litters

Diet: _____

loves:
salt
rice
cracker

- dark
chocolate

Systems: (digestive, bowel, respiratory, circulatory, heart, reproductive, urinary, immune, sleep, tongue, sense organs, hair, skin, nails, eyes, extremities, appearance.....)

* SLEEP - well / snorer
- good 7-8 hours

Barrel daily

not sick often

amblyopia
pair
sometimes

(BP) get white coat

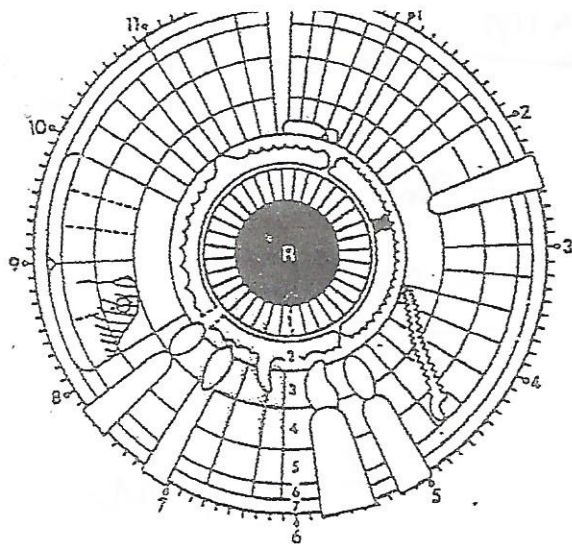
- dry skin / soft nails / dry hair

→ more sensitive skin as ages

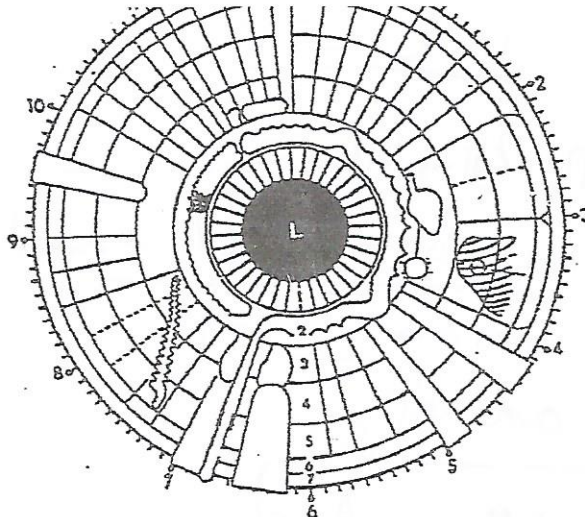
Nails - good but soft

eyes blurred age 29

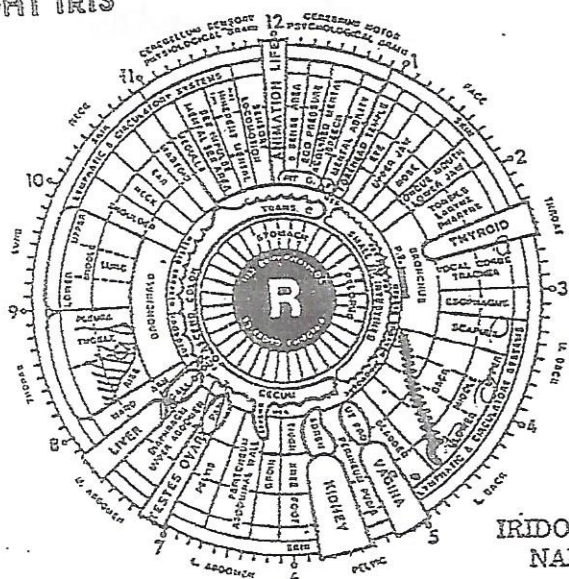
* exercise at beach + active
few x week



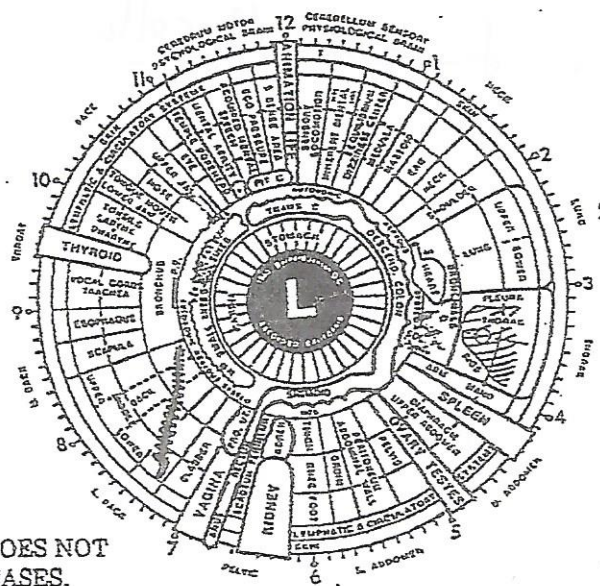
RIGHT IRIS



LEFT IRIS



IRIDOLGY DOES NOT
NAME DISEASES.



Sure

Throat

Aerx
Lidney

Stink

Bare

And

Exrupts

↓ HCL

Imbedd Ann

Road 104445

prerety
(Rope)

lymph

mid/lone spne

line

- T lymphocyte
- dysbiosis / candida - mild
- worm
- ad cell
- Uric Acid
- T-cell / B-cell

PA100

- Barrel - 2-4 mm

= Good colour

- Adrenal

* Waxy 9M

* prostate

- uric acid

* Thyroid ?

Date: 7/2/19
 Name: Kathy Smith
 D.O.B.: _____
 PH: _____

Your Prescription

Do not exceed recommended dosage. Take medication strictly as directed. If you have any issues or questions, please consult your Practitioner.

Supplementation Dosage:

Supplement	Breakfast			Lunch			Dinner			Bedtime	Away from Meals	With Meals
	Dose			Dose			Dose					
	Before	During	After	Before	During	After	Before	During	After			
Vitamin C - 1000mg			✓						✓			7118
Co Q10			✓									308
MAGNESIUM > ENERGY - Y			✓	1 scoop					* after school 1 scoop			
INTESTACLEAR (probiotic)			✓ 1 capsule				✓ 1 capsule		✓			* (308)
Enterococcus										✓		10000000
(probiotic / gut healing)												
NEXT: detox / liver												
* Apple cider capsules before meals												citrus detox

*Maximum of 2 repeat scripts per supplement. This script is valid till _____. After this time please return to your Practitioner.

Additional Supplement Directions: When Co Q10 finishes start Ubiquinol
(try Biotinoids) with BREAKFAST.
* Follow

Dietary Recommendations: _____
* CHECK your PROTEIN POWDER, MAKE SURE ITS NOT
WHEY, HAVE PEA - preferably.

* Cook with COCONUT OIL → see handout

Lifestyle Recommendations: * Filter your WATER from fluoride and
CHLORINE

* TAKE your BATH BODY TEMPERATURES → see handout

Practitioner Name: _____ Registration No: _____

Clinic contact details:

Your next appointment is on _____
 at _____

Please give 24 hours notice if you need to postpone an appointment so that others may use the time allocated to you.

14/3/19

↓ cows milk ↓ cheese

- Aired milk w coffee + cereal

- had whey protein

- coconut oil

* had energy - X how fitting

fructed enterovase + intestinal

- energy good + sleep good

- not as bloated, feels lighter

↓ nervousness

↓ no cracker

↓ hungry

lunch - tuna + crackers (or) salad

Am - milk + avocado + banana

BA - fresh salad / meat

- Zucchini dice

egg / Btbn / salad sandwich

X no sweetie in the morning

liver

- oral collr

- Worms

- fungal Am

- f. cells

healed

Bowel inflam

good colour

Therobun

liver

- aspen

Date: 19/3/19
 Name: Kathy Smith
 D.O.B.: _____
 PH: _____



Metagenics

Genetic Potential Through Nutrition

Your Prescription

Do not exceed recommended dosage. Take medication strictly as directed. If you have any issues or questions, please consult your Practitioner.

Supplementation Dosage:

Supplement	Breakfast			Lunch			Dinner			Bedtime	Away from Meals	With Meals
	Dose			Dose			Dose					
	Before	During	After	Before	During	After	Before	During	After			
PATHOCLEAR			✓ 1 table			✓			✓			
MULTI FLORA										✓	1 capsule	
MAGNESIUM / MAGNESIUM			✓ 1 table						✓ 1 table			
PATHOCLEAR			✓ 1 table			✓			✓			
(presiter)												
MULTI FLORA										✓	1 capsule	
MATRIX pulse DETOX	; 1 teaspoon in water											
VITAMIN C	after dinner with juice											

*Maximum of 2 repeat scripts per supplement. This script is valid till _____, After this time please return to your Practitioner.

Additional Supplement Directions: Take COQ10 / Ubiquinol before bed
(biocentials or others from me)

Dietary Recommendations: * INCREASE good oils sardines, salmon, nut + seeds

* START ON ACV capsules with meals

Lifestyle Recommendations: * PLEASE let me know BATH BODY TEMPERATURE

Practitioner Name: _____ Registration No: _____

Clinic contact details:

Your next appointment is on _____
 at _____

Please give 24 hours notice if you need to postpone an appointment so that others may use the time allocated to you.

11/19/11

* feels good
* sleeping good

* frustrated matrix phase delay
Doesn't like the protein (milk)
→ changed shape, feels better
nervous frustrated most of the

Line

- Tubers
- Dysbiosis
- gut cells

Med
- good
- St. Bowel

Nov 1
Thurs
it
leaky

Date: 11/14/19
 Name: Kathy Smith
 D.O.B.: _____
 PH: _____



Metagenics

Genetic Potential Through Nutrition

Your Prescription

Do not exceed recommended dosage. Take medication strictly as directed. If you have any issues or questions, please consult your Practitioner.

Supplementation Dosage:

Supplement	Breakfast			Lunch			Dinner			Bedtime	Away from Meals	With Meals
	Dose			Dose			Dose					
	Before	During	After	Before	During	After	Before	During	After			
Continue												
URIDINOL 10 Q10										✓	1 capsule	
Mucin 1024 then start			2 capsules							✓	1 capsule	
bone oil PATHOCLEAR			✓						✓			
Vitamin C									✓			
magnesium / zinc restore									✓		until finished	
Energy-X	2 scoops after breakfast											
Proscaps	1 capsule after breakfast and tea											

*Maximum of 2 repeat scripts per supplement. This script is valid till _____. After this time please return to your Practitioner.

Additional Supplement Directions: Take Apple cider vinegar with meals

Dietary Recommendations: _____

Continue BONE BODY TEMPERATURE 1 WEEK BEFORE NEXT VISIT

Lifestyle Recommendations: _____

Practitioner Name: _____ Registration No: _____

Clinic contact details: _____

Your next appointment is on _____
 at _____

Please give 24 hours notice if you need to postpone an appointment so that others may use the time allocated to you.