

Confidential Client Questionnaire

Name	Claire Pavesteijn
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Date of Birth	10/5/75
Phone	0406996556
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Occupation	WBC - Banking + Finance
Household situation? Who lives with you?	2 kids + husband.
Children? Ages?	12, 10
Referred By	me!

Why have you come to see me today? What are your Presenting Sx/Problems (where, when, frequency, duration, history, assoc Sx, > or <, what happened? What has inspired you to visit me today?

Weight loss - tried lots of times + haven't lost weight.

want to feel lighter
manage stress better - avoid alcohol better.

Needs consistency.

15 a/B.

ea

4 x year x 3

Recurring



5 tonsillitis + cold sore

Past History - Vaccinations, childhood illnesses, accidents

0-10 Chicken Pox
Eczema as kid
until teens.
earring 10-12

10-20 Glandular
Fever 15
mild. had
ant-bodies

20+

Rosacea
(Sensitivity)
preservative

Family History - CVD, cancer, diabetes, chronic disease. Dental Amalgams? How many?

no diabetes, CVD, cancer - bone marrow cancer
coronary disease. prostate

Reflux
Family

cardio disease - dad's side

Brother Asthmatic

Sleep - hours/night, trouble getting to sleep? Dreams? wake refreshed? - naturally 6:30

8 hrs
sometimes wake 4-5 am.

Energy during the day - scale 1-10, slumps? What time? Moods?

exercise - 6-8 / 10 / day.

Stress levels 1-10

3-8 fluctuate

Water

1l / day.

Tea/coffee/cola

Coffee x Black lge 750ml

Alcohol

2 glasses / night - 1 bottle.

Allergies

penicillin

Cravings

Wine + chocolate.

Aversions

Anchovies

Medications and supplements - how long have you been on them?

Lifestyle: Do you have Exercise routine? How do you relax? Do you work? job satisfaction?

4-5 / ~~times~~ - swimming / gym / running
1.5km swim 3 times/week.

GIT/Digestion: Appetite, breath, ulcers, cold sores, bleeding gums, nausea, reflux, gas, bloating, fatty foods, skipping meals

↓
never hungry.

↑ still sun
ulcers - stress.
acids bloating

Bowels: How often do you have bowel movements? Discomfort? Diarrhoea? Constipation? What colour? blood/mucus, laxatives, haemorrhoids, family history. Bristol Stool Chart.

Type 1-3 - constipated mostly
not every day 2-3 days.

General Health: Headaches, migranes, dizziness, vertigo, tinnitus, hay fever, allergies, sinus, swollen glands, colds/flu per year, recovery, asthma/SOB, drug use, smoking

1-2/year.

Urinary: Thirst, nocturia, cystitis, incontinence, thrush, kidney infections

↓
occasionally once/year.
- AIB.

Female Repro: When did periods start? How are they now? Pain? When? Experience menstrual problems? Moods? Do they change? Menopause, last period? Menopausal symptoms? How many births? Fertility treatment? How many cycles?

menstrua - 15+ years.

Male Repro: infections, hernias, swellings, impotence, any libido issues? prostate check?

regularly.

Cardiovascular: Heart problems, BP, chest pain, palpitations, varicose veins, easy bruising

Musculo-skeletal: Cramps, pain, pins and needles, weak/numb, arthritis?

Back tightness.

Skin: Acne, eczema, psoriasis, infections, itching

young / rosacea.

Emotions: Anxiety, depression, mood swings

Nails:

healthy / slow growing. hard thinning:

Eyes (glasses, glare, night vision, swollen, infections, shadows)

Reading glasses.

Tongue: (white, furry, coated)

BP

Pulse

Height	169 cm.	
Weight	78 kg.	
BMI (weight/height in m ²) Range: 18-20 = underweight, 20-25 healthy, 25+ overweight		[Weight (kg)/height (cm)/height (cm)] x 10,000 eg [65kg/168cm/168cm] x10,000 =23
Chest (cm)		
Waist (cm)		
Hips (cm)		
Bum (cm)		

Breakfast	<p>→ coffee</p> <p>sup: chicken, oven roasted veg.</p>
Lunch	<p>→ <u>12pm</u></p>
Dinner	<p>dumplings, Bok choy.</p>
Snacks	<p>/</p>
Weekends	<p>Burrito Bowl.</p>
Treatment Plan	<p>? grams <u>carbs/day</u>.</p>
Supplements	<p>fish oil, turmeric</p> <p><u>Armaforce</u>.</p>

Are you doing other treatments?