

Mum Nicole Nutall  
Dad James Nutall



Confidential Client Questionnaire	
Name	Liara Nuttall
Home Address	29/52-56 The Crescent, Dee Why.
Date of Birth	19.4.18
Phone	0402 08 2735
Email	nicole - vogler@gmx.de
Occupation	
Household situation? Who lives with you?	3
Children? Ages?	1
Referred By	FB.

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?

Bloating stomach 1 year ago &  
no energy, unwell, pale.

Dr Hahn - Bloods - Coeliac. Full Diagnosis today. Biopsy Complete  
constipation - 4 weeks.

Dr. Lembers / gastro.

Severe A/B > 3000  
never liked bread, pasta,

2 early - induction  
Vaginal Delivery



Past History – Vaccinations, childhood illnesses, accidents

0-10

10-20

20+

up to date .

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

no history .

Sleep – hours/night, trouble getting to sleep? Dreams? wake refreshed?

light sleeper .

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

Iron Infusion 2 weeks .

Stress levels 1-10

Water

milk / water

Tea/coffee/cola

Alcohol

Allergies

Cravings

Aversions

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

osmolax .

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



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

*Coeliac.*

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

*3 times/day - halve osmolant.*

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

*cold.*

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

*—*

**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?

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

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

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

Skin: Acne, eczema, psoriasis, infections, itching

Emotions: Anxiety, depression, mood swings

*Social, chattering/eingaging*

Nails:

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

Tongue: (white, furry, coated)

BP

Pulse

Height	<i>100 20cm</i>
Weight	<i>12.4kg</i>
BMI (weight/height in m2) 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)	



no Bread.

Breakfast	rice : scrambled eggs veggies & sweet pot
Lunch	pears all fruits, blueberries lots. green beans, sweet pot. chicken soup, veggies, buckwheat.
Dinner	not red meat. fish.
Snacks	
Weekends	
Treatment Plan	
Supplements	

Are you doing other treatments?