

Confidential Client Questionnaire

Name	Oscar Scott (Leta mum)
Home Address	6/6/2010
Date of Birth	Age 10
Phone	0428 196 970
Email	lailak@gmail.com.
Occupation	
Household situation? Who lives with you?	
Children? Ages?	single child, mum + Dad.
Referred By	Karini

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?

Tonsilectomy - Feb 4. 2 weeks to recover.
2 courses AIB.

Plate up + lower - jaw expander.
+ aligner.

not eating

Dust mite allergy

Flonase Nasal spray x 1/day.

uses air purifier

Dark under eyes.

Orthoplex Pure Children's Essentials.

Baby Biotic - Biochemicals

1/2 c/z gunner



Past History – Vaccinations, childhood illnesses, accidents

0-10

10-20

20+

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

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

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

Stress levels 1-10

Water

Tea/coffee/cola

Alcohol

Allergies

Cravings

Aversions

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

Orthoplex Children's Essentials.
Flonase

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

gymnastics 12 hrs/week

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

no fibre
Keggs, ~~stool~~ so.
baron
purple soup

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

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

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

Nails:

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

Tongue: (white, furry, coated)

BP

Pulse

Height	126.5 cm
Weight	25.5 (w/ shoes)
BMI (weight/height in m ²) Range: 18-20 = underweight, 20-25 healthy, 25+ overweight	$[\text{Weight (kg)} / \text{height (cm)} / \text{height (cm)}] \times 10,000$ eg $[65\text{kg} / 168\text{cm} / 168\text{cm}] \times 10,000 = 23$
Chest (cm)	
Waist (cm)	
Hips (cm)	
Bum (cm)	

	Mon Mandarin / gym 4-8 Tues gym 7-830 Wed. swim 745-845 4-7 Thurs gym 630-830 4-5 soccer Fri 8-9 soccer Saturday / 4-7 Sat 7-1030 Sun rest gym
Breakfast	[2 eggs + avo, bacon] Sat 7-1030
Lunch	Pasta, cheese, yoghurt (dairy) packets cheese sticks
Dinner	Smoothie - Arbonne. Banana smoothie ✓ likes Vanilla
Snacks	roast veggie. strawberries
Weekends	
Treatment Plan	
Supplements	

Are you doing other treatments?

Smoothies
Sausage Roll
recipe.

After school

fruit & slice.

slice

Sports Nutrition.

- Build a better smoothies
- Healthy Baking for children