

Shalani McCray

Live Alive Health Creation

Personal Information

| | |
|--------------------------|----------------------------|
| Miss | Bhanu |
| Middle Name | Thompson |
| Preferred name | 0428230404 |
| Ph: Home | Ph: Work |
| bhanu_thompson@yahoo.com | 16/01/1999 |
| 7/10 | Richmond Road |
| Rose Bay | NSW |
| Australia | 2029 |
| Support Worker | <div>MaleFemaleOther</div> |

Emergency contact

| | |
|------------|--------|
| Gabrielle | Briger |
| 0414386801 | Mother |

Referral source

How did you hear about this clinic?

| | |
|-------------------|-------|
| Family or Friends | Kiana |
|-------------------|-------|

Health History

If you have a history of any of the following conditions, please select below.

☐ Heart disease

- ☐ Diabetes
- ☐ Asthma
- ☐ Severe weight loss/gain
- ☒ Headaches
- ☐ Autoimmunity
- ☒ Dizziness
- ☐ Pregnant
- ☐ Cholesterol
- ☐ Severe fatigue
- ☐ Bruise easily
- ☐ Blood pressure
- ☐ Night sweats
- ☒ Skin conditions
- ☐ HIV
- ☐ Epilepsy
- ☐ Thyroid
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Reflux
- ☐ other digestive symptoms

Health history details

If you answered yes to any of the above questions, please provide further information here.

Been having headaches recently, slight change in pigmentation and sometimes get dizzy when i stand up too fast

Surgeries

Please list any surgeries you have had.

Wisdom teeth surgery
Two benign tumours in throat removal surgery
Sliced finger when I was a child

Medicines/supplements

Please list any medications or supplements, including the reasons you are taking them.

None

Alcohol consumption

How much alcohol do you consume on a weekly basis?

0

Smoking

Do you smoke? When did you start and how often do you smoke?

Started at 12 years old,
around 6 a day
sometimes more or less
depending if I'm stressed

Exercise

What type of exercise do you do and how often?

I dance and stretch at
home, occasionally runs
Not all that often

Family history

Please list any conditions that run in your family.

Not sure- adopted

Other health modalities

Please list any regular therapies you have eg massage, IF saunas,
osteopathy, chiropractic...

None

Grounding/Stillness

Do you spend time in nature and/or stillness? If so how often?

Every day

Current Complaint

What is the reason for your visit?

General health, energy, appetite fluctuations, headaches, weight gain
General health, energy, appetite fluctuations, headaches, weight gain

When did the problem begin?

Consistent for months now

What caused the problem?

Not sure, could be internal stress

What relieves your symptoms?

Not sure

What aggravates your symptoms?

If I'm in a heightened state, that is chronic various symptoms will flare up

Pain scale

If pain is a symptom: on a scale of 1-10 with 1 being minimal and 10 being maximum pain, how would you rate your pain?

1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐

Mood scale

On a scale of 1-10 with 1 feeling very down and 10 feeling great, how would you rate your mood?

1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐

Sleep quality scale

On a scale of 1-10 with 1 being very poor and 10 being excellent, how would you rate your sleep quality?

1 2 3 4 5 6 7 8 9 10
☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐

Energy scale








On a scale of 1-10 with 1 being very low energy and 10 being very energetic, how would you rate your energy?

- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Bowel movements

Please indicate below which of the following types best describes your bowel movements.

- ☐ **Type 1** - Severe constipation
- ☐ **Type 2** - Mild constipation
- ☐ **Type 3** - Normal (with cracks)
- ☐ **Type 4** - Normal
- ☒ **Type 5** - Lacking fibre
- ☐ **Type 6** - Mild diarrhoea
- ☐ **Type 7** - Severe diarrhoea

| Bristol Stool Chart | | |
|---------------------------------------|---|---|
| Type 1 Severe Constipation |  | Seperate hard lumps, hard to pass |
| Type 2 Mild Constipation |  | Sausage shaped but lumpy |
| Type 3 Normal (with cracks) |  | Sausage like but with cracks on the surface |
| Type 4 Normal |  | Sausage like, smooth, soft and easy to pass |
| Type 5 Lacking Fibre |  | Soft blobs with clear-cut edges (passed easily) |
| Type 6 Mild Diarrhoea |  | Mushy, fluffy with irregular edges |
| Type 7 Severe Diarrhoea |  | Watery, no solid pieces, entirely liquid |

Menstrual cycle

How old were you when your period started? 8

Are your periods regular or irregular? Regular

On average, how many days are there between your periods? 3 weeks

For how long do your periods typically last? 1 week

Do you have bleeding or spotting between periods? No

Do you have a brownish discharge before your period starts? Yes

Are your periods:

Do you have a brownish discharge before your period starts?

- ☒ Heavy
- ☐ Medium
- ☐ Light

Food recall diary

List of test results

Treatment consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and understand that I must update my service provider with any changes that may occur in my medical history. I understand that a 50% cancellation fee may apply if I do not provide at least 24 hours notice.

- ☒ I consent to treatment
- ☒ I consent to receiving SMS and/or email updates, news & offers

Name *

Bhanu Thompson
