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	Male Female Other
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 c	onditions, please select below.
☐ Heart disease	

	Diabetes	
	Asthma	
	Severe weight loss/gain	
\checkmark	Headaches	
	Autoimmunity	
\checkmark	Dizziness	
	Pregnant	
	Cholesterol	
	Severe fatigue	
	Bruise easily	
	Blood pressure	
	Night sweats	
\checkmark	Skin conditions	
	HIV	
	Epilepsy	
	Thyroid	
	Constipation	
	Diarrhoea	
	Reflux	
	other digestive symptoms	
Heal	th history details	
	ou answered yes to any of the above questions, please provide ner information here.	Been having headaches recently, slight change in pigmentation and sometimes get dizzy when i stand up too fast
Surg	geries	
Plea	ase list any surgeries you have had.	Wisdom teeth surgery Two benign tumours in throat removal surgery Sliced finger when I was a child
Med	icines/supplements	
	ase list any medications or supplements, including the reasons 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?				weig	General health, energy, appetite fluctuations, headaches, weight gainGeneral health, energy, appetite fluctuations, headaches, weight gain					
When did the problem begin? What caused the problem? What relieves your symptoms? What aggravates your symptoms?				Cons	Consistent for months now					
				Not s	Not sure, could be internal stress Not sure If I'm in a heightened state, that is chronic various symptoms will flare up					
				Not s						
Pain s	scale									
If pain	• •			-10 with 1	being mi	nimal and	10 being	maximum	pain, how	
would	you rate y	our pain?								
would 1	you rate y	3	4	5	6	7	8	9	10	
		-		5	6	7	8	9	10 ○	
1 0		3	4					_	_	
1 O Mood	2 O	3	4	0	0	0	0	0	_	
1 O Mood	2 O	3 O	4 • feeling ver	ry down ar	ond 10 feeli	ng great, l	onow would	d you rate	0	
1 Mood On a se	2 Scale scale	3 0 0 with 1 f	4 • feeling ver	ry down ar	ond 10 feeli	0	onow would	d you rate	your mood?	
1 Om a se	2 Scale cale of 1-1	3 0 with 1 f	4 • feeling ver	ry down ar	ond 10 feeli	ng great, l	onow would	d you rate	your mood?	
Mood On a se	2 cale of 1-1 quality scale of 1-1	3 0 with 1 f	4 • Feeling ver	ry down ar	nd 10 feeli	ng great, l	now would	d you rate 9	your mood?	
Mood On a se	2 cale of 1-1 quality scale of 1-1	3 0 with 1 f	4 • Feeling ver	ry down ar	nd 10 feeli	ng great, l	now would	d you rate 9	your mood? 10	

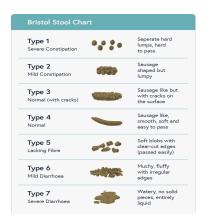
Energy scale

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

Bowel movements

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

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



Menstrual cycle

TTawa aldaa
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
O Medium
O 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.

[]	consent to treatment
l√ I]	Consent to treatment

☑ I consent to receiving SMS and/or email updates, news & offers

Name *

Bhanu Thompson