



Client Name: TORAH CHRISTIE

DOB: 10/2/2003

Date: 6/12/24

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PRACTITIONER: Leigh Gibbs

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Have you seen a Naturopath/Nutritionist or Herbalist before?

Explain the process for today.

Presenting Symptoms

What brings you here today? What symptoms or health concerns are you currently experiencing?

Eczema on hands. Right hand.

Started after she moved to Amsterdam. Water- showers. Made her whole body really dry. Temperature changes.

Bad since June last year.

Goes very red around the webs of her fingers. A lot better now.

Causes her stress or maybe comes on when she's stressed. End of Uni.

Dish washing aggravates, sometimes washing her hair. Salt water can make it sting.

No weeping. Was in India earlier this year. Tiny little holes. Tiny but pussy. Weepy. Gets very red.

Fingers get cracked. Itch.

Sleeping poorly. Faint - out of it. Better for exercise.

Skin used to be concerned. Acne. Cheeks and mouth. Came on with menstruation. Hairy arms and legs. Better for OCP.

When did these symptoms start? Does anything make it better or worse?

Worse for being in contact with coffee. Worse with moisture & sweat. FUNGAL???

Beef tallow moisturiser. Makes it better. Using 5x day. Worse in winter.

Have you sought help for this with anyone else? What treatment or medications have you tried and what results did you get?

Used a steroid cream. Not often.

History

Have you been diagnosed with any medical conditions? Have you had any illnesses, operations, accidents, or trauma? (Including during childhood)

N/A pneumonia. Ear drums burst when she was young. Ear aches.
Right ankle sprain & lower back.

Medications & supplements from the intake form? (Make sure you have brand, dose and frequency information)
Fish oil - Nordic Naturals 1/2tsp.

Check for contraceptive pill or an IUD? If yes, which one?
Yes Evelyn for 4 months. Total 2 years. Went on it for with skin.

Have you taken antibiotics in the last year or so? If yes, what for and how much?
3 years.

Family History

Any significant health conditions or diseases that run in your family?

Mothers side

Fathers side

Siblings

Lifestyle Analysis

What is your typical daily routine like?

Wake up around 5:30am 4 days per week. On her feet for 6 hours.

Go to gym.

Do you have any allergies or intolerances?

Have you ever smoked? Do you smoke now? Y/N, if yes, how many per day?

Last year. Both pot and ciggys,

How many serves of alcohol do you usually drink each week?

5 servings on Saturdays.

Do you take any recreational drugs? Have you ever taken them?

Energy levels between 1 and 10 (1 being no energy, 10 being very high energy)

When do you feel most energized and when do you feel tired?

Past week at 4/10. Usually 7 or 8.

How are your stress levels? between 1 and 10 (1 being no stress, 10 being major stress)

3/10

What are the main causes of stress for you?

Uni , Trying to please everyone. Busy mind.

Do you react to loud noises?

How many hours do you sleep each night? Do you have trouble getting to sleep?

Bed by 9:30am. Normally fall asleep within 5 mins. On her phone before bed.

Peppermint tea before bed.

Do you wake in the night, why? what time? Can you go back to sleep? Are you aware if you snore or have breathing problems during sleep?

Wake up to bathroom 2/night. 2am

Do you wake up feeling refreshed? Do you remember your dreams?

Wake up feeling good. Sometimes dreams a lot. Doesn't rally remember.

Do you exercise regularly? What type and frequency? What type of exercise do you enjoy?

HIIT 3 days and 2 strength days. Walking/swimming.

Flush on exercise.

Nutritional Analysis

Let's move on to discussing your diet and eating habits

On rising:

Breakfast:

Overnight oats/porridge w berries . Coffee after

Greek yoghurt.

Morning Snacks:

Lunch:

Veges, protein, carbs. Cheese 1 x day.

Chickpeas. Salmon. Chicken.

Afternoon snacks:

4pm banana,

Dinner:

Not a lot of red meat. Mince 1/ week or sausages.

A lot of fish.

Sweet potato.

Desserts or evening snacks:

Maybe chocolate.

Any other comments about your diet/eating habits?

Drinks, how many cups of coffee, tea, water, other do you drink each day?

3L water/ day. Tap water. 2 cups coffee / day.

Is it different on the weekend?

Mexican. Chicken wrap.

How often do you eat out? What do you choose?

Do you cook from mostly fresh ingredients from scratch, or do you get premade, tins, or packets?

What happens if you skip a meal?

Light headed and hangry - nauseas.

Do you eat differently when stressed, any emotional eating?

Orthorexia?? Feel like eating more but don't. Will reach for sugary treats.

Do you have any cravings?

Pickled olives, jalapeños.

Systems Review

Gastrointestinal

How is your digestion? Any issues such as indigestion, burping, bloating or gas? Abdominal pain, cramping or bloating? Itchy bottom?

After dinner or big lunch within 15 minutes. More at night.

Bowel movements, how often? blood in stool? float or sink? colour, consistency, mucus? No. on Bristol stool chart? Hint of green. Floats sometimes marks the bowl.

3 x per day.

Cardiovascular

Any heart issues, chest pain, palpitations? Do you have cold hands or feet? Any varicose veins or DVTs? How is your cholesterol and blood pressure?

Cold - thyroid?

Muscular Skeletal

Do you get cramps, joint pain, back pain, stiffness, numbness or tingling, Do you have restless legs?

Upper back very stiff.

Skin/Hair

Normal.

Thin, breaks easily. Super fine.

Any issues with acne, eczema, psoriasis, or warts. Thinning hair, falling out?

Mood

Do you feel teary or sad? Do you get anxious or depressed. Do you feel motivated and able to get things done?

Respiratory System

Do you get any headaches, migraines, dizziness, or vertigo?

Headaches. 4 x week. Sensitive eyes. Sunlight. Vit A! Lack of sleep. Always in temples.

Vertigo - on standing. Lifting heavy weights. Walking out into direct sunlight.

How many colds or flu per year and how long to recover?

Not really. Slow moving flus not badly though.

Do you suffer from swollen glands, hay fever, sinus issues, postnasal drips, or nose bleeds?

Do you have a cough?

How long, colour of sputum, time of day and do you have SOB?

Urinary System

Do you have any bladder issues? Cystitis/UTIs or incontinence, pain on urination or frequency or urgency?

UTI's - treated with Ural. Start of year.

Go quite a bit.

Eyes

Do you wear glasses, contacts, do you get any black spots, can your eyes adjust to light in the dark? Any conjunctivitis or infections?

Poor. Wear contacts & glasses. Gets headache if not wearing them.

Ears

Any hearing issues, do you have wax build up or infections?

Lots of wax buildup in your ears.

Female Reproductive System	Male Reproductive System
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<p>How is your cycle? Details on periods, app for tracking? Length, heaviness, clotting</p> <p>14 years. Year 9. Off irregular. 32 day cycle. Went for 3 days. Light.</p>	<p>Any UTIs, lymph or gland swelling, hernia</p>
<p>Any breast tenderness, swelling or lumps prior to menstruation? Do you feel irritable, depressed, angry, have headaches or cravings?</p> <p>PMS headaches. Temples</p> <p>Period pain. Not bad. Clots. Bleed for 3 days.</p>	<p>Any issues with impotence or infertility?</p>
<p>Do you notice discharges? Have you had thrush?</p> <p>NO.</p>	<p>Do you have a strong, constant urine flow or does it stop and start?</p>
<p>Is your pap smear up to date, any issues?</p>	<p>Have you had your PSA checked recently?</p>

Iridology

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Date						
Weight	172cm					
Fat%	70kg					
Muscle kg						
BMI						
Visceral fat						
Metabolism						
Water						
Bone kg						

Testing	Initial	Appt 1	Appt 2	Appt 3	Appt 4	Appt 5
pH						
BP						
Pulse						
Nails						
Tongue	Coating at back. Cracks. Red tip. No teeth marks.					

What are your health goals and what would you like to achieve through naturopathic treatment?

Refer back to intake form and confirm goals

Gall bladder issues? Pain between shoulders temple headaches.

IRON?? Vit A

FILTERED WATER! Lemon water w/ pinch of Celtic sea salt

B complex w zinc. - Genomulti Activ?

Magnesium

Probiotic

Tissue salts

Blood tests for next appt.

Consider re introducing fish oil.