



Client Name: Alison Denman

DOB:

Date: 6/12/24

Mobile:

Student Name:

Email address:

Clinic Supervisor: Andrea Gilbert

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?

Sleep. Insomnia. Can't get to sleep. 3-4 nights a week. Fell asleep at 4am.

Cortisol elevated.

Intrusive thoughts. Anxiety. Panic attacks.

Serotonin, tryptophan, zinc.

L Theanine.

Stress levels. Simmering tension re mother of kids.

Periods every 10 weeks or so.

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

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

History

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

Medications & supplements from the intake form? (Make sure you have brand, dose and frequency information)
MagEze.

Cymbiotica Adrenal Super Tonic

Bioglan Ashwaghandha Plus

Vyvanse every other day.

Check for contraceptive pill or an IUD? If yes, which one?

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

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?

Do you have any allergies or intolerances?

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

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

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?

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

What are the main causes of stress for you?

Do you react to loud noises?

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

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?

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

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

Nutritional Analysis

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

On rising:

Breakfast:

Morning Snacks:

Lunch:

Afternoon snacks:

Dinner:

Desserts or evening snacks:

Any other comments about your diet/eating habits?

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

Is it different on the weekend?

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?

Do you eat differently when stressed, any emotional eating?

Do you have any cravings?

Systems Review

Gastrointestinal

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

Bowel movements, how often? blood in stool? float or sink? colour, consistency, mucus? No. on Bristol stool chart?

Constipated IBS symptoms. First meal of the day.

Low stomach acid.

Gas galore.

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?

Muscular Skeletal

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

Skin/Hair

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?

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

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?

Eyes

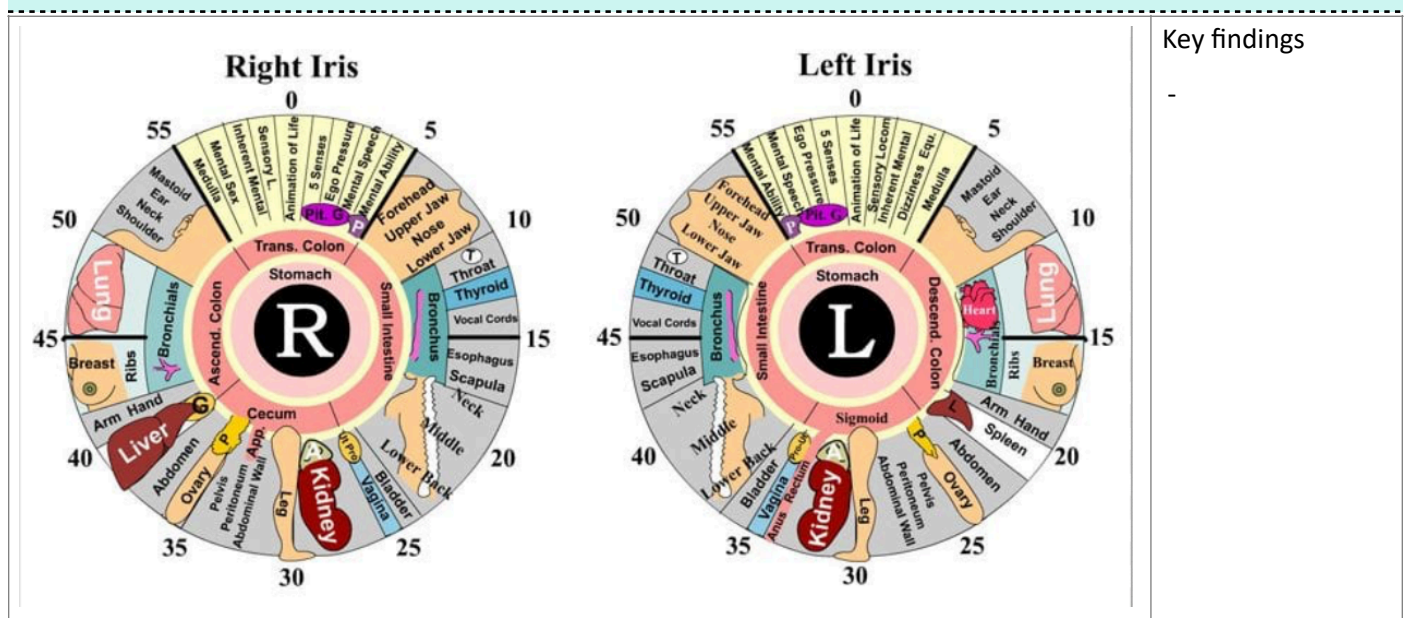
Do you wear glasses, contacts, do you get any black spots, can your eyes adjust to light in the dark? Any conjunctivitis or infections?

Ears

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

Female Reproductive System	Male Reproductive System
How is your cycle? Details on periods, app for tracking? Length, heaviness, clotting	Any UTIs, lymph or gland swelling, hernia
Any breast tenderness, swelling or lumps prior to menstruation? Do you feel irritable, depressed, angry, have headaches or cravings?	Any issues with impotence or infertility?
Do you notice discharges? Have you had thrush?	Do you have a strong, constant urine flow or does it stop and start?
<i>Is your pap smear up to date, any issues?</i>	Have you had your PSA checked recently?

Iridology



In Clinic Testing

Body Composition - Is your weight stable or has it changes recently? What weight are you happy with?

Height: _____ cm

Age: _____ years

	Initial	Appt 1	Appt 2	Appt 3	Appt 4	Appt 5
Date						
Weight						
Fat%						
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						

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

Refer back to intake form and confirm goals.

Dandelion root tea on rising

Iron &. B12

Vitamin C powder.

Vitex in morning

Genomulti

Adrenal spray. Magnesium. Cashews.