

# History intake form

COMPLETE

#8

## CREATED



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### \* Name

Anthia Rallis

### \* Email

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### \* Accidents / Trauma / Surgery / Illness/Injuries AND muscular / Skeletal/ TMJ problems/ Dental

Re-occurring glandular fever - body aches and pains  
Fractured foot

### \* Sleep Pattern (Hours per night and quality) AND Medications / supplements:

5 to 6 hours - relatively good sleep

Iron, calcium, vitamin d

### \* Immune system and Allergies / sensitivities / Skin Issues (eczema) :

Polymyositis Systemic Scleroderma Overlapp (autoimmune disease - in remission)  
Coeliac Disease  
Osteopenia  
Rosacea

### \* Birth & Childhood History/ Behavioural patterns, PMS & Reproductive/hormonal Moods, patterns of feelings and thoughts.

Painful periods  
Bloating

Period tracker app  
In days leading to my period, grumpy and irritated  
Short temper  
Minor acne  
Migraines and headaches

### \* Bowel Habits: Frequency, time(s), consistency, undigested food or Dietary: ie avoided food groups Bladder: Litres of water per day, Alcohol/coffee

Coeliac disease - no gluten  
Avoid dairy as am slightly intolerant

Every 2 to 3 days  
1 litre per day of water (can be more)  
Don't drink coffee every-day, maybe 3 times a week  
Occasional alcohol (maybe a few times a month - 1 glass of wine)

**\* Relevant family history: Mental illness, physical illness, trauma**

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No family history of mental illness

Diabetes, cholesterol and high blood pressure runs in mums family

Strokes, glaucoma, coeliac disease runs in dads family

**\* Respiratory / Heart: ie Asthma, heart palpitations AND Neurological: ie epilepsy, headaches (eye sight, smell, hearing) etc**

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Headaches and migraines

Sinus issues

Glasses - short-sighted

Sensitivity to light when have a migraine