

# History intake form

COMPLETE

#4

## CREATED



PUBLIC

Jan 2nd 2025, 1:44:40 pm

## IP ADDRESS



180.150.112.93

### \* Name

Brett Coates

### \* Email

brc1278@hotmail.com

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

Currently going through tough times personally and professionally.

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

5-7 hours.

Sertraline

Quetiapine

> 31st OCT 2024

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

nil

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

nil

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

Normal daily morning bowel movements.

Water intake is anywhere between 1-3 litres.

2 coffees a day.

Alcohol consumption is maybe 2-3 drinks Fri,Sat,Sun. alcohol free for the rest of the week.

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

Nil

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

Wear glasses for close up reading/computer work.

Can sometimes dirty ash trays or cigarette smoke (I am a non-smoker and nobody around me smokes).