

# History intake form

COMPLETE

#9

## CREATED



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## IP ADDRESS



122.151.37.204

### \* Name

Mandy Selke

### \* Email

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

Appendectomy- 30 years ago

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

Between 6-8 most nights

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

Childhood eczema

Sensitive skin with some products

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

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

Lactose intolerant

Try to avoid dairy altogether due to cough.

At least 1 lt of water most days

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

N/A

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

Childhood sport related asthma

Suffer from migraines