

History intake form

COMPLETE

#6

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* Name

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

So recently hit a lady on a push bike that I relive nearly everyday, luckily she walked away and was fine 🙏 I have severe osteoporosis and arthritis

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

I usually have at least 5/6 hours sleep I take double vitamin D daily, I am a vegetarian do not eat any flesh at all , I do like to take medication

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

allergic to penicillin no other problems

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

Was a c section baby quite small I have had 3 C section babies myself who are all healthy and beautiful people

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

I am usually ok but eating certain foods with hot drinks doesn't always go down well! I have 2 coffees per day no more ! I drink about 1 1/2 litres of water a day only have maybe one or two alcoholic drinks a month ,

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

My mum passed away at the age of 54 which broke my heart and soul for a long time , my dad left my mum when I was 4 , I was abused by a family member when I was about 10/11 which still haunts me o still feel guilty and sad that no one knew to help me.

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

I have a left ventricular dilation only diagnosed last year but I'm fine , was born with a hole in my heart but it grew over no other issues