

**Medical Warning**

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**Reminders/Notifications**

Pure Natal

Myoinositol, vitamin D, CoQ10, Selenium - for 3 months.

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Form completed  
Wed, 12 Feb 2025 10:09 pm

## First Visit - Acupuncture/Bowen

### Occupation

Technology Project Manager

### How did you find us?

Other - Google

### What health concern would you like to address? (If more than one concern, please list in order of priority).

Fertility, supplementary to IVF Treatment

### Previous treatment/s for this condition (e.g. physiotherapy, chiropractic, occupational therapy)

N/A

### How long have you experienced this issue?

Was expected to start IVF in December, fell pregnant naturally, miscarried, trying to resume normal cycle

### How severe is the pain you are experiencing, when it is at it's worst?

1

### How much is your pain affecting your daily life?

1

### Are you taking any medications or supplements?

Yes

### Please list all medications / supplements you are taking (including oral contraceptive pill and any over-the-counter medicines like Panadol, Zyrtec, quik-eze).

Elevit, myoinositol, vitamin D, CoQ10, Selenium

### Have you had any surgical procedures, implants (e.g. pacemaker, mesh) or major illnesses? It's very important you advise us of any abdominal surgeries especially, as this will affect your treatment.

Yes

### Please provide details of surgical procedures and major illnesses.

Appendectomy

### Have you had any major injuries or motor vehicle accidents?

No

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## Screening

### Do you have a blood transmissible disease?

No

### How much water do you usually drink per day?

3L

### How many coffees do you usually drink per day?

1-2 (2 only occasionally)

### How much alcohol do you consume per week?

This month has had weddings so I've "indulged" more than usual. Usually I would only drink every so often.. previously I was pregnant so before February I hadn't drank since November

### Do you have any dietary considerations? e.g. vegan, Halal, coeliac

No

### Please advise any known allergies or sensitivities (e.g. shellfish, latex, bandaids)

No

### Do you have a history of smoking or vaping? If you are currently smoking, how many cigarettes do you have per day?

No

### Do you exercise? Please describe what you do and how often.

Gym, weight lifting and cardio 3-4 times per week

**Please describe your periods (if applicable), including any related diagnoses (e.g. PCOS, endometriosis, fibroids), cycle length (e.g. 28 days) and length of bleed (e.g. 5 days).**

Painful (no confirmed endometriosis but haven't surgically checked) only scans. Ave cycle 25 days.. bleed length 5 days

**Family History - please list any family history that may be relevant (e.g. heart disease, cancer, diabetes)**

High blood pressure

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