



## Patient Questionnaire

Kathryn Moloney ND.

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PORT NOARLUNGA SOUTH, SA, 5167

**Date of Birth** Friday, December 13, 1985

**Occupation** Governance consultant

### GP /Specialist Details

Dr Leung at Seafood Meadows

### Current Medications

Slinda oral contraception pill (progesterone only)  
Prantoprazol  
Telfast  
Tramadol as needed  
Panadol as needed

### Current Supplements + Herbal Medicine

Seed symbiotic  
Vitamin D3  
Calcium, magnesium and D3 supplement  
Zinc ( every few days)  
Athletic greens

**Have you seen a Naturopath before?** ☒ Yes

### If yes, please give details

About ten years ago

**Height** 165

**Weight** 95

### Are you happy with your weight? Please give details if you feel comfortable to do so (including disordered eating history)

No, I've always fluctuated but I'm sick of being and feeling fat

### What would you like to achieve from our session?

How best to support my immune system

### Family Health History (Do your parents, grandparents or siblings

Cancer

Depression

Diabetes

Digestive issues

Heart disease

High cholesterol

### Please give further details about your family health history

Grandad: stomach cancer

Granny: lung cancer, alcoholism

Dad: diabetes and high cholesterol

Mum: bi polar, anorexia, bulimia, alcoholism, psoriasis

### What past health issues have you experienced?

Chronic fatigue syndrome

POTS

Anaphylaxis

Septic shock syndrome

Extremely painful periods

Anxiety

Gastritis

Constipation

Hayfever

I get sick a lot, I've had COVID three times now

### Do you have any current health issues?

Chronic fatigue syndrome

Gastritis

Constipation

Hayfever

I get sick a lot, I've had COVID three times now

### What are your energy levels on a scale of 1-10 (1 = lowest + 10 = highest) in general? 4

### How often do you have a bowel movement?

Multiple times per day

Once per day

Every 2nd day

### Is your stool:

Formed

### Do you experience any of the following digestive symptoms:

Bloating

Abdominal pain or cramping

Belching

Flatulence/gas

Indigestion

Heartburn/reflux

Nausea

Constipation

Mucus in the stool

Undigested food in the stool

Vomiting

### When did you first notice these symptoms? How often do you experience these symptoms and do they come and go or are they consistent?

Come and go, all my life

### Has anyone close to you had similar signs or symptoms recently? No

## Please give further details about your digestive system

I tend towards constipation. I'm a lot better since starting my symbiotic, but I still get some bloating and stomach pain.

**Please give details of recent and past antibiotic use (Medication, duration, the reason for taking, changes in gut health afterwards). How many times in your life have you used antibiotics? ie. Never, 1-2 times, 5+ times, 10+ times or 20+ times in your life**

Recent use for a UTI.. Suspect I've had antibiotics more than 20 times in my life.

**Were probiotics taken after the antibiotics? And if so, what brand and how long were they taken for?**

For about 9 months I take 2 probiotics a day

**Do you suffer from the following:**

Brain fog

Chronic fatigue syndrome

Fibromyalgia

Fatigue

Iron deficiency/anemia

B12 deficiency

Seasonal or chronic allergies (ie. hayfever)

**Have you had a gut infection, gastroenteritis or experienced a bout of food poisoning while in Australia or overseas?**

Yes

**How soon after waking in the morning are you hungry for breakfast?**

Immediately

**Do you feel sluggish or tired after fatty food (such as fish + chips) or alcohol?**

Yes

**Do you get irritable or shaky (or hangry) after not eating for a while?**

Yes

**If so, how many hours would it take of not eating to feel that way?**

6 maybe?

**Are you susceptible to colds and flu? If so, how regularly do you experience them?**

Yes, wherever someone around me is sick I catch it too

**Do you experience any of the following frequently?**

Skin rashes

**Are you trying to conceive? Please give details if so**

No

**Are you pregnant or post-partum (< 6 weeks)?**

No

**Do you have children? If so, please list their ages and any relevant details**

No

**Are you breastfeeding currently? If so, please give details** No

**Do you drink alcohol? If so, how much per week** Not really, maybe 2 glasses a month

**Do you smoke? Or are you exposed to passive smoke? Please give details** Passive smoke

**Please outline what you typically eat each day (Breakfast, Lunch, Dinner & Snacks)**

B: porridge with flaxseed

L: avocado and eggs on toast

D: meat, veggies, sauce, cheese, carbs ( think English Australia hybrid)

Snacks: popcorn, fruit, soy chai, chocolate

**Do you exercise? If so, please list type and frequency of exercise**

Not really

**Do you have any injuries or orthopedic problems (back, knees, etc)?** Yes

**Do you experience any of the following?** Anxiety Stress Poor energy levels

**How many hours of sleep do you get each night?** 7-9

**What time do you go to sleep at night?** 9-11

**Do you have any other medical condition, injury or anything else I should be aware of that we have not mentioned?** I just stopped taking my SSRI medication

**I give permission for my answers to be shared with Vicky Tièche** Yes

**Signature**

