



Brent Rees

New Client Intake - Naturopathy

Practitioner	Kit Tomlinson
Appointment	30 Jun 2023, 12:30PM
Completed	30 Jun 2023, 12:35PM

Client Details

Address	8 Vinson drive Varsity Lakes
Date of Birth	22 Aug 1998
Occupation	Professional cyclist

Next of Kin

Name	Michelle Rees
Relationship	Mum
Phone Number	0427002477

Referral Information

Referred by	<input checked="" type="checkbox"/> Family/friend <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk/drive by <input type="checkbox"/> Social media <input type="checkbox"/> Practitioner
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Health History

Have you seen a naturopath before?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What is your main presenting condition/concern today?	Poor immunity / sinus congestion, fatigue
Do you have any children? If yes how many and ages	No
Are you trying to conceive?	<input type="checkbox"/> Yes

☒ No

Do you have any known allergies

Are you a smoker and/or vaper?

- ☐ Yes
☒ No
☐ Former

List any recent or previous surgeries or procedures you have had done

Septoplasty, wisdom teeth

Any past or current medical diagnosis?

Have you ever taken antibiotics

- ☒ Yes
☐ No

How frequently have you taken antibiotics

- ☐ Regular - more frequently than monthly
☒ Monthly
☐ 2-3 times per year
☐ Once per year
☐ Rarely

Are you on hormonal contraceptive?

- ☐ Yes
☒ No

What have you taken for contraceptive?
(select all that apply)

- ☐ Oral contraceptive (the pill)
☐ Mini pill (progesterone only)
☐ IUD
☐ Implanon
☐ Surgical
☒ Other (None)

Do you have any significant family medical history?

Nil

Medication and Supplements

What medication (including dose and frequency) are you currently taking?

Prednisone 30mg
Methotrexate 20mg

What supplements are you currently taking
(including brand, dose and frequency)

Intesaclear orthoplex
Gut r orthoplex
NAC powder orthoplex
Goldenseal tablets mediherb

Declaration

I, the undersigned understand that:

The practitioner will ask a series of questions during the consultation to determine treatment plan suitability and likely causation of presenting complaints.

I may choose to terminate the consultation at any time, but may be required to pay in full for the consult according to the Clinic Cancellation Policy.

My health records are confidential and will be used for research and treatment purposes only. Under no circumstances will my file leave the

server of The Well Collective Studio.

It may be necessary from time to time for my case to be discussed with other health professionals (e.g. general practitioners, medical specialists, and/or complementary medical practitioners) and provide my consent for part/all of my medical case notes to be released for these purposes only.

On signing, I accept and agree to the Clinic Cancellation Policy and Clinic Refund and Return Policy.

Signature

A handwritten signature in black ink, appearing to be 'Brent Rees', written in a cursive style.