Darcy Craig

New Client Intake - Naturopathy

Practitioner	Leesa Young
Appointment	7 Sep 2023, 1:00PM
Completed	6 Sep 2023, 5:17PM

Client Details

Address	55 Barnby St Murwillumbah 2484
Date of Birth	22 Oct 2011
Occupation	Student

Next of Kin

Name	Caroline Bailey
Relationship	Mother
Phone Number	0416311073

Referral Information

Referred by

- [ ] Family/friend
- [ ] Advertisement
- [ ] Walk/drive by
- [x] Social media
- [ ] Practitioner
- [ ] Other

Health History

Have you seen a naturopath before?

- [x] Yes
- [ ] No

What is your main presenting condition/concern today?

Bloating
Weight gain around tummy
Food intolerances
Low mood
Phlegm in throat

Do you have any children? If yes how many and ages	No
Are you trying to conceive?	☐ Yes ☑ No
Do you have any known allergies	Intolerance to red meat, eggs, gluten, wheat, dairy as per prick test in 2022
Are you a smoker and/or vaper?	☐ Yes ☑ No ☐ Former
List any recent or previous surgeries or procedures you have had done	Nil
Any significant past or current medical diagnosis?	ADHD, stopped ritalin fully recently Asd/ Asperger's
How frequently have you taken antiobiotics	☐ Regular - more frequently than monthly ☐ Monthly ☐ 2-3 times per year ☐ Once per year ☑ Rarely
Are you on hormonal contraceptive?	☐ Yes ☐ No ☑ N/A
What have you used for contraception? (select all that apply)	☐ Oral contraceptive (the pill) ☐ Mini pill (progesterone only) ☐ IUD ☐ Implanon ☐ Surgical ☐ Withdrawal ☐ Temperature tracking ☑ N/A ☐ Other
Do you (or have you recently) suffer/ed from any of the following?	☐ Dizziness, vertigo, light headedness ☐ High stress levels ☐ Insomnia, Restless Legs ☑ Anxiety and/or depression ☑ ADHD (diagnosed or assumed) ☐ Recurrent fatigue ☐ Thrush, candida, recurrent UTIs ☐ High blood pressure, poor circulation, high cholesterol ☐ Other known heart conditions ☐ Headaches, migraines ☐ Regular sinus infections, allergies ☐ Acne, psoriasis, eczema ☑ Regular gut symptoms: bloating, gas, diarrhoea, constipation, heart burn, nausea ☐ Viral infections (HSV, EBV, CMV, HPV or other) ☐ Nerve pain (shingles, fibromyalgia etc) ☐ Sore muscles or cramping ☐ Tingling or numbness ☐ Panic attacks ☐ Difficulty breathing

- [ ] Covid
- [ ] Diabetes or Pre-diabetes
- [ ] Endometriosis, adenomyosis,
- [ ] Amenorrhea, dysmenorrhea, irregular periods
- [ ] Infertility concerns, recurrent miscarriage
- [ ] Other musculoskeletal conditions

Medication and Supplements

What medication (including dose and frequency) are you currently taking?	None now Recently stopped ritalin, stopped a few months back but then put back on it at lower dose as concerned needed to taper off slowly but have now stopped fully.
What supplements are you currently taking (including brand, dose and frequency)	Trying to tolerate the drops for ibs symptoms Won't tolerate the previous ones you prescribed I'm afraid
Are you interested in hearing about functional testing options?	Yes
Do you have a budget in mind for your treatment today?	Usual fees

How motivated are you to make positive change and meet your health goals?

- [ ] Very motivated - I'm all in!
- [ ] I want to change but I feel nervous/unsure of what to do
- [x] I'm somewhat motivated, if it feels right for me
- [ ] I don't think I'm ready to change but I'd like to hear my options
- [ ] Not motivated

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 the 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