



Kelly Davidson

New Client Intake - Naturopathy

Date of birth 3 Jul 1979

Practitioner Kit Tomlinson

Appointment 26 Jun 2023, 8:00AM

Completed 19 Jun 2023, 4:46PM

Client Details

Address Unit 1, 17 Machinery Drive, Tweed Heads South

Date of Birth 3 Jul 1979

Occupation Retail store operator + dog daycare and trainer

Next of Kin

Name Brett Davidson

Relationship Husband

Phone Number 0438703834

Referral Information

Referred by

- ☐ Family/friend
- ☐ Advertisement
- ☐ Walk/drive by
- ☐ Social media
- ☒ Practitioner

Health History

Have you seen a naturopath before?

- ☒ Yes
- ☐ No

What is your main presenting condition/concern today? Digestive issues - acid reflux, bloating, bowel habits (diarrhoea, multiple times in a short period). Muscle cramping. Light headed. Blood pressure is on higher side.

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

Nurofen
Band aids
Suspect dairy intolerance

Are you a smoker and/or vaper?

☐ Yes
☒ No
☐ Former

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

Numerous kidney biopsies since 2003, IVF attempt x 1 about 8 or more years ago (no eggs retrieved).

Any past or current medical diagnosis?

SLE - lupus nephritis, dx 2003
ECG and echo stress test 19/6/23 all showed normal results

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?

Heart issues maternal side - grandfather (serious heart attack)
Thyroid issues / cancer found - mother and grandmother
Bowel cancer - grandmother on maternal side
Mother had undiagnosed issues also other than thyroid - possibly autoimmune

Medication and Supplements

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

Cyclosporin 100mg x 2/day
Myfortic 360mg x 4/day
Prednisolone 10mg 1/day
Perindopril 10mg 1/day
BHRT - Dr Macgeachy prescribed to deal with early menopause

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

None consistently

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.

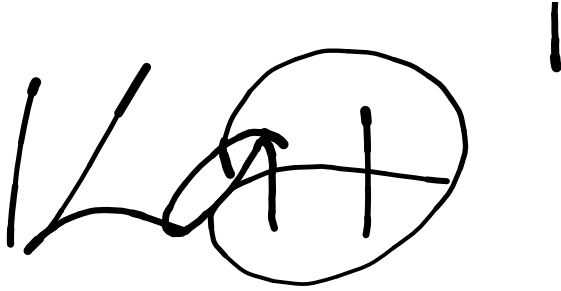
I may choose to terminate the consultation at any time, but may be required to pay in full for the consult according the the Clinic Cancellation Policy.

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

A handwritten signature in black ink. The signature is stylized, starting with a vertical line, followed by a series of loops and a horizontal crossbar. To the right of the signature is a single vertical line.