



Tania Boyd

New Client Intake - Naturopathy

Date of birth 24 Dec 1975

Practitioner Leesa Young

Appointment 2 May 2023, 9:00AM

Completed 2 May 2023, 6:10AM

Client Details

Address 1/22 Denman Drive, Cudgen, Nsw 2487

Date of Birth 24 Dec 1975

Occupation Yoga Teacher, Wellness Coach

Next of Kin

Name Gavin Boyd

Relationship Husband

Phone Number 0457708433

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? Low iron. Low energy. Hormone issues

Do you have any children? If yes how many and ages 2 boys, 13 & 15

Are you trying to conceive? ☐ Yes

☒ No

Do you have any known allergies

No

Are you a smoker and/or vaper?

☐ Yes

☒ No

☐ Former

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

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 (Partner has had vasectomy)

Do you have any significant family medical history?

No

Medication and Supplements

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

Symbicort for Asthma. Daily dose. Have had asthma my entire life

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

I'll bring them in as there's lots

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 read 'T Boyd', with a stylized, cursive script.