

Case Analysis

Naturopathy

Patient Initials:

Age: 19

M/F/Preferred Pronoun: F

Date: 07/06/2023

Supervisor Name:

Student Name: Tiana Quaife

Student #:

Naturopathic Understanding:

(What do you know? What do you understand? What is the cause for THIS patient?)

Traumatic childhood = autoimmune Graves & frequent illness

Frequent tonsillitis since young, poor immune system
Comes on when stressed - very stressed life with big burdens

Note:

Predisposing/Excitatory/Sustaining Factors)

P - mental health issues
E - vitamin deficiencies, stress
S - deficiencies, stress

Treatment Considerations

Constitution/Vitality

Factors Affecting Compliance

(e.g.) budget, religious, cultural, absorption, complexity, chronicity, diet, travel, taste, form)

Budget

Working Diagnosis & Differentials (Including: worst case scenario)

Tonsillitis
Graves disease
Depression, anxiety, PTSD

Concerns/Red Flags/Further Tests/Referrals Required

Other

Treatment Aims: Short and Long Term (Novice may start with 2 short term 2 long term aims)

Treatment Aim	Body System	Mechanism of Action	Outcome	Actions	Modality
What - are you trying to achieve	Location Where - tissues/system	How - are you going to achieve your aim? What mechanisms are you seeking to alter or potentiate? What energetics do you want to alter?	Why - anticipated outcome for patient?		
	Immune	Reduce frequency of sickness by increasing antioxidant capacity	Reduced sickness	Antioxidant	Nutritional med

Improve immunity					
Increase health	Systemic	Improve overall health by increasing intake of various vitamins and minerals	Reduce sickness Improved stress	Multi	Nutritional med

Prescription		
Action / Reason	(Herbal, Nutritional, Energetics); include dose, range and dosage	Tx Timeframe / Prognosis / Outcomes

I have confirmed there are no herb / nutrient / drug interactions with my prescription.

My source for this information was:

Signature:

Date: 07/06/2023

A signed copy of any written instructions must be placed in client file; all handouts must be approved by the supervisor and a copy attached to this form)

Dietary & Lifestyle

Further Notes

Issues to review next visit / Questions / Follow up requirements or referrals / Length of time until next app.

Complete full details of prescription on Dispensing Record Form with instructions as they appear on dispensed items.

Student Signature:
Supervisor Authorisation:

Date: 07/06/2023
Date: