

Initial Case Record - Naturopathy

Patient Initials: Age: M/F/Preferred DOB: 12/03/2004 Date: 26/04/2023  
19 Pronoun: F

Patient name: Zoe Robertson Supervisor name:  
Student name: Tiana Quaife Student #:

Refer to the client intake form  
Diagnosed medical condition/s:

Graves disease - endocrinologist levels are stable  
Depression, anxiety, PTSD -

Risks update: Diagnosed medical conditions update

Allergies/Intolerance s <input type="checkbox"/>	
Pregnancy <input type="checkbox"/>	
Lactation <input type="checkbox"/>	
Medical Devices <input type="checkbox"/>	

Medications / Supplements Update

(Has the client stopped/started any new medication or supplements OR changed dosages?)

Drug Name & Class / Supp Brand & Name (including the OCP)	Dose (how much & how often)	Reason for Taking (condition, Prescribed by whom/self-prescribed)	Duration of TX (since when)	Result (effectiveness)
Neocarbinazone	15mg 3 tablets  Used to be 8 tablets		Late 2019	2 morning, once night

Current Presentation of Main Complaint/s

Always gets sick  
Had to miss a lot of school  
  
Sick when does a lot - stressed  
5x in the last 6 months  
prone to tonsilitis  
Headache & tired -> sore throat -> tonsillitis  
Takes 2-3 weeks to recover  
  
Cold and flu, panadol and nurofen, vitamin c,  
Antibiotics every time she gets sick  
  
Blood tests done - got one back and was "fine"  
  
Iron tablets  
Vitamin D  
  
Sleep study booked next month - never feel rested

Location  
Onset  
Cause  
Duration  
Course  
Continual or intermittent  
Concomitants  
Assoc sx  
Timing  
When  
Cyclical  
Type  
Nature Sensation  
Severity  
Quality of Life Effects  
/10  
Radiates  
Associated Factors  
> Better for  
< Worse for  
Relevant PHx  
Hospitalisation  
Surgery  
Accidents  
Relevant FHx  
Investigations  
By Who?  
How?

Feels lethargic always

Bed at 2am - caring for sister with special needs, lots of responsibilities - thats the only time for her to unwind

Wakes at midday

PCYC - breaking the cycle did that

- FHx
- Mother - sleep apnea
- Breast cancer
- Another cancer
- Diabetes
- Dietary restrictions
- Asthma

Day in the life

Wake up at 9, drinks bottle of water,

Left over salad for breakfast with online classes

Went shopping

Doctors appointment

Grocery shopping tonight and cook dinner

Study after that

Late night peace and quiet

Systems Review

Lifestyle

Midday crashes with energy

Definitely stressed - sees brother, goes to our house our haven, reads, music

In a car accident that killed her sister at 4

- Vitality (Seeds of Health)
- Energy /10
- Stress /10
- Causes of Stress
- Occupation
- Exercise
- Relaxation
- Sleep (quality/quantity)
- Smoking
- Alcohol
- Recreational Drug Use

Nervous System / Emotional Health

Mood/Concentration/Memory/Headaches/Migraine/Dizziness/Light-Headedness/Neuropathy/Parasthesia

Mood - good overall, just tired

Concentration - lacking, hard to do assessments

Memory - decent

Digestion / GIT

Upper: Appetite, Burping, Reflux, Bloating / Fullness / Indigestion / Pain / Discomfort / Nausea

*Lower: Bowel Motions - regularity, colour, consistency, diarrhoea, constipation, straining, complete evacuation, flatulence, mucus/blood in stool*

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When doesn't eat gets nauseous - about 3-4 hours

Bowel movements - 1 day or every second day. when stressed 2x day

Heartburn randomly - from strong sense of smell

#### ENT / Respiratory

*Ears, Nose, Throat, Allergies, Sinus, SOB, Wheeze, Cough*

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Ears hurt when sick

SOB no

#### Immune

*Frequency of Infection / Resolution / Healing Time / Type of Infection (colds & flus/UTIs/skin/thrush/cold sores etc.), Convalescence?*

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#### Circulation / CVD

*Peripheral, Palpitations, Dizziness, Tinnitus, SOB, Blood Pressure, Cholesterol, Oedema, Varicose Veins, Haemorrhoids, Easy Bruising*

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#### Musculoskeletal

*Muscle Tension/Cramps/Spasms/Pain, Joint Stiffness/Pain/Swelling, Injuries/Accidents, Posture*

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Aches and pains with weather - 2 weeks ago

Bottom of feet all up legs ached 8/10 - bones, usually in wrist, knee - on right side

Used to have attacks where muscles would spasm

#### Skin / Hair / Nails / Teeth / Gums

*Quality, Condition, Changes, Imitation, Rash, Itch, Discharge*

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#### Genitourinary

*Hx UTIs, Location, Frequency, Urgency, Dysuria, Interrupted flow*

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#### Female Repro

*PAP, Contraception, Infections, Thrush, Currently Menstruating, Menarche, Regularity of Cycle, Cycle Length, Duration of Flow, Quality, Colour, Consistency of Flow, Clots, PMx Sx, Menopausal Sx*

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#### Male Repro / Prostate

*Frequency, Urgency, Dysuria, Discomfort, Pain, Nocturia, Problems Initiating or Stopping Flow, Dribbling, Incomplete Emptying, Discharge, Infections, Libido, Erectile Dysfunction, Andropause, Fertility*

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Diet

Food Allergies or Intolerances  
(Known/Diagnosed/Suspected)

Special Diet Followed?  
(vegetarian, vegan, gluten free, dairy free, keto, cultural, religious, other)

What Do You Do Well With Your Diet?

What Can You Improve With Your Diet?

24hr Recall / Typical Day's Diet

Breakfast: ( am)	Salad - lemon herb chicken w garlic, tomato, lettuce, cucumber, onion, ham, mushroom, capsicum, cheese, caesar salad dressing
Snacks: ( am)	Bottle of water with vitamin C
Lunch: ( am/pm)	costco pizza & soda
Snacks: ( pm)	
Dinner: ( pm)	Mashed potatoes, sausages, veg - frozen,
Snacks: ( pm)	

Food Frequency (e.g. 3/7, 1/30 AND number of serves)

Animal (Meat, Fish, Eggs)	Dairy (Milk products, Butter/Spreads)	Soy (Soy products incl. soy proteins/isolates)	
Legumes	Fruit	Vegetables	
Nuts & Seeds	Grains/Cereals	Fats/Oils	Treats/Fast Food

Fluids:  
(Water/Coffee/Tea/Herbal Tea/Soft Drinks/Energy Drinks/Milk Drinks/Other Fluids/Alcohol)

4 bottles 650ml

Likes/Dislikes

Cravings

Eating Habits  
(e.g. chewing, eating on the run)

Vitality / Fresh vs Processed / Quality of Food / Raw vs Cooked / Thermogenics

Person responsible for shopping & cooking / Home Prepared vs Take Away / Number of meals skipped per week

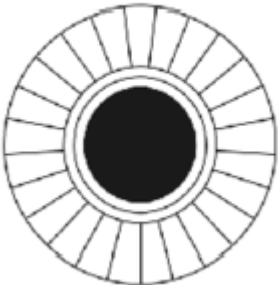
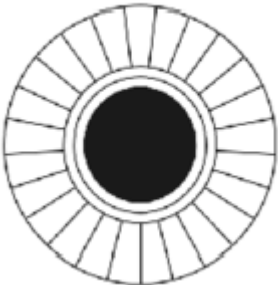
Macronutrient  
(excess/deficiency)

Micronutrient  
(excess/deficiency)

**Physical Examinations (Biomedical)**  
(Complete any relevant physical assessment needed for this consultation)

Blood Pressure (sitting)	Pulse	Temperature	Respiratory Rate
Blood Pressure (supine)	Circulation	Nerve Testing	Abdominal
Ears / Mouth / Throat / Glands	Skin (note where)		
BMI (weight / height m²)	WHR		

**Physical Examinations (Holistic)**

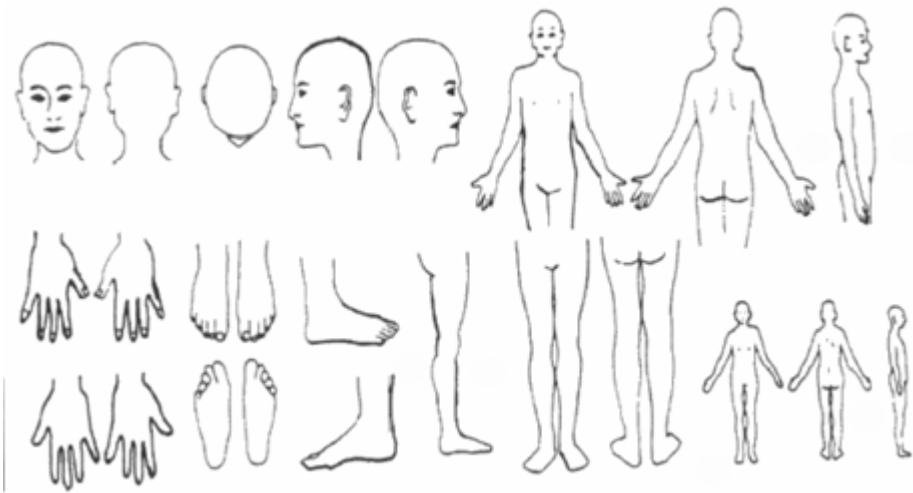
Iris	Energetics
	Digestion <hr/>
	Elimination <hr/>

Nails  
Fingers/Toes

Tongue



Other



Further Examinations / Notes