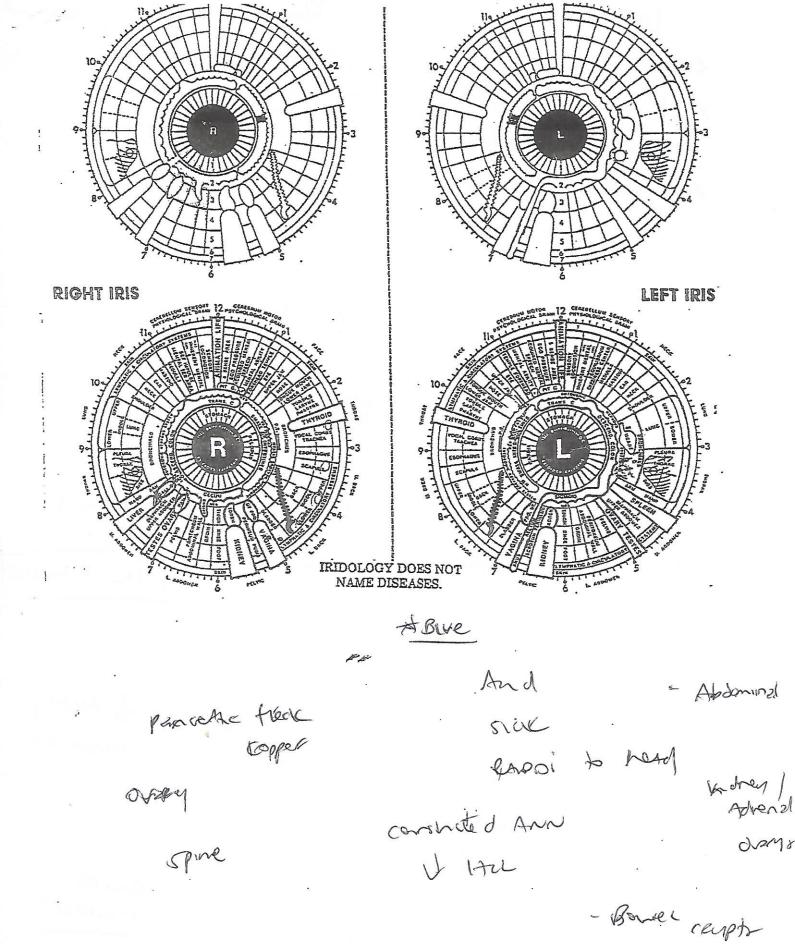


| NAMEKay Southgate DATE 22/7/2020   |    |
|--|----|
| ADDRESS 60, Arthur Street, Plympton Palk 5038  |    |
| PHONE MOBILE 0412 488 748  |    |
| DATE OF BIRTH 31/12/1953 MALE FEMALE EMAIL Kay jeft et pg. com, av   |    |
| OCCUPATION Retired HEALTH FUND Health Partners   |    |
| ALLERGIES /INTOLERANCES/REACTIONS Reacted with a rach after  |    |
| taking Amorgeillin & Clavilanic acid   |    |
| MEDICATIONS AND/OR SUPPLEMENTS See attached  |    |
| 7  |    |
| - 4 highly a week  |    |
| ALCOHOL/SMORHAGIREC. DRUGS 5 glasses wire per week (av)  |    |
| * MBRIAN CUITS - METOPENE-45   |    |
| YOUR HISTORY (injuries/ surgery/past major illnesses/ childbirth) Portion 100 ectomy   |    |
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# INFECTION & PREVENTION CONTROL QUESTIONAIRE

This patient questionnaire has been developed to assist me in the assessment of all clients at their time of arrival

The World Health Organisation (WHO) states that corona viruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases such as the Middle East respiratory syndrome (MERS-CoV) and the Severe Acure respiratory Syndrome (SARS-CoV). Corona Virus Disease (COVID-19), is caused by a new strain of corona virus officially know as Severe acute Respiratory Syndrome Coronavirus 2 (SARS -CoV-2)

### SYMPTOMS

Commonly symptoms of coronavirus or COVID-19 include fever or history of fever (more than 38 degrees Celsius), dry or moist cough, shortness of breath, sore throat, runny nose and diarrhoea

### **ACTIONS**

If after the assessment, there are indications or suspicion that the client/ patient is at risk, the continuation of the scheduled appointment will be reconsidered.

### PATIENT DECLARATION

I have not returned from overseas in the last 14 days and / or been in contact with someone that has returned overseas within the last 14 days.

| our si | gnature &   |          |
|--------|---|----------|
| Your N | ame   |          |
| Ka-    | Have you returned from interstate and /or been in contact with someone that   | YES / NO |
| 1      | has returned from interstate of overseas in the   | YES/NO   |
| 2      | Have you been unwell with a respiratory illness such as a cold or fever?  |          |
| 3      | Have you been in contact in the last 12 days with any person suspected to have or diagnosed with Novel Corona Virus disease/COVID – 19? | YES/NO   |

Practitioner comments



Kate Driver <katedrivernaturopath@gmail.com>

### Synopsis of our phone call [#1F9C8CG]

Prac Clinical Emails < CLINICALSUPPORT@metagenics.com.au> To: katedrivernaturopath@gmail.com

Fri, Jul 24, 2020 at 3:38 PM

Hi Kate,

# BOWEL DIGGET

With your first client we spoke about Fibroplex MagActive tablets, Phosphatidylserine, Ultra Flora Intensive Care and Ultra Flora GI Soothe. For your second client (on Cartia) we spoke about Resist-X (no cautions) or Cardio-X (low level caution due to potential antiplatelet effect of magnesium - only seen in vitro and infusions so far), Thermoburn (moderate level caution - green tea catechins may have anti-platelet effects, though not seen in humans, capsicum may theoretically increase effects and adverse effects of antiplatelets) and Parex (low level caution - Nigella and Myrrh may inhibit platelet aggregation, monitor for signs of increased bleeding).

Have a great weekend!

If you have any further questions, please do not hesitate to contact us via return email on clinicalsupport@metagenics.com.au or on free call 1800 777 648 within Australia or 0508 227 744 within New Zealand.

Kind Regards

Insa

Clinical Support Consultant

Do you have a successful case study that you would like to share with your fellow Natural Health Practitioners? We are on the lookout for interesting and educational case studies to be featured in Metagenics seminars and publications. This is an opportunity to show off your amazing talents. If you would like further information, please contact jmitrev@metagenics.com.au

#### clinicalsupport

A: 741 Nudgee Road Northgate QLD 4013

T: +61 7 3117 3300

E: clinicalsupport@metagenics.com.au

W: www.metagenicsanz.com.au



We are dedicated to helping people live happier, healthier lives

dumination del

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#### **MEDICATION**

#### DAILY

- Current daily dose 10 mgs Prednisolone (for my CIDP) hoping to taper - AM - Aner house DAVI down to 5 mgs in a month
- 75mg Karvea (Blood Pressure steroid induced) Any (6-7 47)
- Mesalazine 4 of 1.2g tablets (for my UC)
- 1 puff Ventolin inhaler
- 2 puffs Seretide inhaler (preventer)
- 1 Panadol Extra if required during the day. In CIDP. +UC. > love every 2-3 days

#### WEEKLY

1of a 35mg Actonel EC tablet (steroid induced Osteoporosis)

#### **MONTHLY**

 40 gms of Privigen given as an IVIG immunoglobulin infusion at Noarlunga Hospital's infusion centre (for my CIDP)

#### **DAILY SUPPLEMENTS**

2 Urinary Tract Support Tablets (currently taking Ethical Nutrients)

1 Magnesium tablet (currently taking Swisse Ultiboost 150 mg)

2 Advanced Nerve Support Formula tablets

2 MSM Alive (Pharma Botanica) C2+5 Claw, resemps, mom, concerned
 2 Bones and Teeth (Pharma Botanica) Howelmil, ANDALFA, Concerned
 1 180 mg Vitamin K2 (currently taking Blackmores)
 COLLAGEN (COLLA OATS)

 Manual Manual Collagen

 Ma

2 Bones and Teeth (Pharma Botanica)

MT D3 1000 11

VIT IL Folic And MF. B12 Benfotiamine

Proses Gora termented terms

> passi Flores termented terms

| Pate: 2314126   |  |
|---|--|
| Date: Charles   | <b>Metagenics</b>  |
| D.O.B.:   | Genetic Potential Through Nutrition  |
| D.O.B.:   | Your Prescription  |
|   | Do not exceed recommended dosage. Take medication strictly as directed. If you have any issues or questions, |
| Complementation Decree  | please consult your Practitioner.  |
| Supplementation Dosage:   |  |
| Supplement  | Dosage Instructions  |
| Machesium to be advised   | 1 AFFRE DILNER / BEFORE PED  |
| LEARLY GUT SUPPORT  | 1) Bonec Digest.   |
| CANDIDA / CUT BRETSEIA B  | nences - Curally   |
| @ Fibration made Article  | - BEFORE INCO  |
| (3) with fold interme was   | - BD.  |
|   | phospiotopholist   |
|   | + Aih ou SPMF)   |
| FOLLOW GUT HEALING DIET (   | WIDELINES MODELLINE  |
| VELOUPLY VV   | 5064   |
| *Maximum of 2 repeat scripts per supplement. This script is valid until | . After this time please return to your Practitioner.  |
| Additional Supplement Directions:                                       |  |
| Times and   |  |
|   | me' culturningly or current  |
| to be bonificial  |  |
|   |  |
| Dietary Recommendations:  |  |
| mills Orband motil  | The Apple  |
| AVOID DAILY   |  |
|   |  |
|   |  |
| Lifestyle Recommendations:  | •  |
| TR. TIMPRA RED SAURAS"  |  |
|   | and lympholic suppor   |
|   |  |
| YOUR BLOOD PRESSURE   |  |
| Practitioner Name:  | Registration No:   |

Clinic contact details:

MET6184 - 11/18

Your next appointment is on \_\_\_\_\_

Please give 24 hours notice if you need to postpone an appointment so that others may use the time allocated to you.

| 20/8/20  |
|--|
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| had IV inform  |
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| Date:   | KM SOUNICATE |  |
|---------|--------------|--|
| Name:   | 20/8/10      |  |
| D.O.B.: |              |  |
| PH:     |              |  |



Genetic Potential Through Nutrition

#### Your Prescription

at

Please give 24 hours notice if you need to postpone an appointment so that others may use the time allocated to you.

Do not exceed recommended dosage. Take medication strictly as directed. If you have any issues or questions, please consult your Practitioner.

| Supplementation Dosage:   | predict consult your meditioner.                      |
|---|---|
| Supplement  | Dosage Instructions                                   |
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| 88122 682 NEW IF E  | only only space:                                      |
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|   | 840   |
| DIN IF THE ABOVE 2 DEF OR   | M GO BICK ON BONEL DIVEST                             |
| SIMING AT I SPRAYE &  | has before Food 1 x daily thon                        |
| *Maximum of 2 repeat scripts per supplement. This script is valid until | . After this time please return to your Practitioner. |
| Additional Supplement Directions:                                       | USU COLLAGEN  |
| ( please Asic me to m   |   |
|   |   |
| And PAREX   | For person tes lates                                  |
| Dietary Recommendations:  | honespothic to possiter                               |
| a Contende I pole   | SIGO VINEGAR  |
|   |   |
| Lifestyle Recommendations:  |   |
|   |   |
|   |   |
|   |   |
| Practitioner Name:  | Registration No:                                      |
| Clinic contact details:   |   |
|   | Your next appointment is on                           |

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### CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP)

Chronic inflammatory demyelinating polyneuropathy (CIDP) is An autoimmune neurological disorder characterized by progressive weakness and impaired sensory function in the legs and arms.

The disorder, which is sometimes called chronic relapsing polyneuropathy, is caused by damage to the myelin sheath (the fatty covering that wraps around and protects nerve fibers) of the peripheral nerves.

Although it can occur at any age and in both genders, CIDP is more common in young adults, and in men more so than women. It often presents with symptoms that include tingling or numbness (beginning in the toes and fingers), weakness of the arms and legs, loss of deep tendon reflexes (areflexia), fatigue, and abnormal sensations.

CIDP is closely related to Guillain-Barre syndrome and it is considered the chronic counterpart of that acute disease.

Treatment for CIDP includes corticosteroids such as prednisone, which may be prescribed alone or in combination with immunosuppressant drugs.

Plasmapheresis (plasma exchange) and intravenous immunoglobulin (IVIg) therapy are effective

IVIg may be used even as a first-line therapy.

Physiotherapy may improve muscle strength, function and mobility, and minimize the shrinkage of muscles and tendons and distortions of the joints.

parednisitore + , Privigen IV.

(127 week)

17th July

# Gut and Digestive healing dietary guidelines

Diet Sheet for Gut and Digestive healing protocol – follow for 7-14 days, depending on severity of digestive disturbance. \*\* This should only be followed by the individual it was prescribed for.

| Foods to Include:  | Foods to Exclude:   |
|--|---|
| Vegetables   |   |
| All vegetables (except those in exclusion list). Organic is best.  | Canned or processed. All tomato, tomato sauces and pastes, ketchup and salsa  |
| Fruits   |   |
| All (except those in exclusion list) Preferably fresh. Organic is best! Dried fruit should be free of sulphites.   | Whole oranges, orange juice, and orange flavouring.   |
| Cereals  |   |
| Any made from rice, oats, millet and any, which do not contain wheat or com. added sugar + additives.  | Processed, refined cereals with wheat, com, added sugar and additives.  |
| Grains and Flours  |   |
| Rice: preferably brown. brown basmati, jasmine, rice pasta. plain rice cakes, rice bread. Flat breads and rye crisps, millet, quinoa, amaranth, oats. barley, rye. Rice, millet, quinoa, amaranth bean, oat, barley and rye flours.  | ANY corn, corn meal, corn chips, cornstarch and other products containing corn. <i>All</i> wheat pastas, spaghettis, and breads. Durham, semolina, whole wheat, white breads or flours. "Flour" on a label usually means wheat Products with gluten on the label. |
| Animal Products  |   |
| Meat: All types are acceptable, (except those in exclusion list), Poultry: Preferably free range Fish: All ocean water types are acceptable, Try to include salmon, sardines and occasional tuna,  | Cold cuts, ham, sausages, processed meats, shellfish, smoked foods. Eggs, egg whites, egg yolks, and any products with eggs in them.  |
| Legumes  |   |
| All bean / legumes (except those in exclusion list). Check labels of canned beans, dips, and soups for sweeteners and additives, Small amounts (less than 1 tablespoon per meal) of the following fermented soy products are acceptable - soy yogurt, preservative and wheat free soy sauce (Tamari) miso and tempeh | Whole peanuts, peanut butter, and peanut oil. All non-fermented soy products soybeans, soymilk, tofu, margarine, and soybean oil. Products with soy protein isolate textured vegetable protein (TVP), or any type of soy on the label.                            |
| Nuts & Seeds   |   |
| All Nuts are acceptable, (except those in exclusion list) Use nut butters such as almond hunter or cashew butter, Seeds: All are acceptable especially sunflower seeds, pumpkin seeds, and tahini.   | Peanut butter, peanuts, soy nuts and All roasted & salted nuts.   |
| Dairy  |   |
| Ghee is acceptable on this diet (and is great for Sautes)  | Milk and dairy products including cheeses, ice cream, and, cream cheese. Products that have casein, lactose, and whey on the label limit butter use. Goat's a& or products made from goat's milk  |

### Approx 1.8 litres water

### Monday 20<sup>th</sup> July:

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: Nil

Dinner: very small portion of penne bolognaise pasta

Approx 1.8 litres water

### Tuesday 21<sup>st</sup> July:

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: small portion of fungi risotto

Dinner: A/A

1 soda water, 1 green tea, approx. 1.8 litres water

## Wednesday 22<sup>nd</sup> July:

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: A/A

Dinner: small portion of fungi risotto

Approx 1.8 litres water

## Thursday 23<sup>rd</sup> July:

Breakfast: 1 IsoWhey shake with coconut milk

whise tea page, tea

### **FOOD DIARY**

### Thursday 16<sup>th</sup> July:

coffee 1 x every few weeks

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: AA m above

Dinner: ½ BBQ chicken breast, assorted steamed vegetables (peas, carrot,

pumpkin, sweet potato)

1 glass white wine, approx. 1.8 litres water (speng)

### Friday 17<sup>th</sup> July:

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: A/A

Dinner: 2 pieces battered fish, chips, pumpkin, carrot and parsnip

2 glasses champagne, 1 weak cappuccino, approx. 1.8 litres water

### Saturday 18th July:

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: A/A

2 toasted chicken and avocado sandwiches (white bread)

( ppt homel)

1 glass white wine, approx. 1.8 litres water

### Sunday 19<sup>th</sup> July:

Breakfast: 1 IsoWhey shake with coconut milk

Lunch: A/A

1 tin salmon, ½ an avocado, 2 hard boiled eggs, white rice



# INFECTION & PREVENTION CONTROL QUESTIONAIRE

#### **PURPOSE**

This patient questionnaire has been developed to assist me in the assessment of all clients at their time of arrival

#### DEFINITION

The World Health Organisation (WHO) states that corona viruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases such as the Middle East respiratory syndrome (MERS-CoV) and the Severe Acure respiratory Syndrome (SARS-CoV). Corona Virus Disease (COVID-19), is caused by a new strain of corona virus officially know as Severe acute Respiratory Syndrome Coronavirus 2 (SARS -CoV-2)

#### SYMPTOMS

Commonly symptoms of coronavirus or COVID-19 include fever or history of fever (more than 38 degrees Celsius), dry or moist cough, shortness of breath, sore throat, runny nose and diarrhoea

#### **ACTIONS**

If after the assessment, there are indications or suspicion that the client/ patient is at risk, the continuation of the scheduled appointment will be reconsidered.

### PATIENT DECLARATION

I have not returned from overseas in the last 14 days and / or been in contact with someone that has returned overseas within the last 14 days.

Your signature

Your Name

| 1 | Have you returned from interstate and /or been in contact with someone that has returned from interstate or overseas in the last 14 days? | YES / NO |
|---|---|----------|
| 2 | Have you been unwell with a respiratory illness such as a cold or fever?  | YES/ NO  |
| 3 | Have you been in contact in the last 12 days with any person suspected to have or diagnosed with Novel Corona Virus disease/COVID – 19?   | YES/NO   |
|   | or diagnosed with Novel Corona virus disease/COVID 250  |          |

Practitioner comments