

Confidential Client Questionnaire	
Name	Sophia Rogues.
Home Address	7/27 Marshall St 2095
Date of Birth	20.1.21
Phone	0422 661 221 / Delta (mum) 0410 575 123
Email	Sophia.rogues@gmail.com
Occupation	Student
Household situation? Who lives with you?	1 Brother.
Children? Ages?	
Referred By	

Why have you come to see me today? What are your Presenting Sx/Problems (where, when, frequency, duration, history, assoc Sx, > or <, what happened? What has inspired you to visit me today?

More plant based - not interested in meat - Ethical / Env. reasons.
 no meat at all
 cheese, eggs - little bit.
 Eating - Vegan or vego w/ some animal.

✓
Past History – Vaccinations, childhood illnesses, accidents

0-10

Rota Virus / hospitalised 3 night (5)
right spiral fracture 18 mths.
broke nose soccer.

10-20

20+

Family History – CVD, cancer, diabetes, chronic disease. Dental Amalgams? How many?

Mum: grandfather ✓ reflux GERD, Mum B-Deficient
R.A.
Dad: cholesterol, (Dad + grandfather) 80's.

Sleep – hours/night, trouble getting to sleep? Dreams? wake refreshed?

10-11pm – 7am 8/9 hrs: Can't fall asleep 1hr
meditate, sluggish

Energy during the day – scale 1-10, slumps? What time? Moods?

am 5-6

pm 7 - 9/10.

Stress levels 1-10

School 7-8.

Home 2-3 → 1 no homework

Water

2L/day.

Tea/coffee/cola

Black tea x1/day

Alcohol

Wine - white wine/champagne.

Allergies

No

Cravings

sick - sushi / wot cucumber / cold.

Aversions

Airplane food.

Medications and supplements – how long have you been on them?

Multivitamin - Blackmores women.

Lifestyle: Do you have Exercise routine? How do you relax? Do you work? job satisfaction?

Daily - Yoga / Soccer / Dance.

GIT/Digestion: Appetite, breath, ulcers, cold sores, bleeding gums, nausea, reflux, gas, bloating, fatty foods, skipping meals

a little of everything
mouth ulcers - painful
gas (diarrhea)

Bowels: How often do you have bowel movements? Discomfort? Diarrhoea? Constipation? What colour? blood/mucus, laxatives, haemorrhoids, family history. Bristol Stool Chart.

Different - lots more recently 4/5.
to

General Health: Headaches, migraines, dizziness, vertigo, tinnitus, hay fever, allergies, sinus, swollen glands, colds/flu per year, recovery, asthma/SOB, drug use, smoking

Headaches - daily - related to BP 70/60 -
3/4 /year - quick

Urinary: Thirst, nocturia, cystitis, incontinence, thrush, kidney infections

normal.

Female Repro: When did periods start? How are they now? Pain? When? Experience menstrual problems? Moods? Do they change? Menopause, last period? Menopausal symptoms? How many births? Fertility treatment? How many cycles?

11 years heavy - 3 days - lighter (3 yrs)
bad cramps, clotting
lost last year 2020 May - Dec 6 months
meat, pasta.

Male Repro: infections, hernias, swellings, impotence, any libido issues? prostate check?

Cardiovascular: Heart problems, BP, chest pain, palpitations, varicose veins, easy bruising

90/60 - Chest when running.

Musculo-skeletal: Cramps, pain, pins and needles, weak/numb, arthritis?

Skin: Acne, eczema, psoriasis, infections, itching

psoriasis, mild eczema

Emotions: Anxiety, depression, mood swings

~~hormones?~~
 mood swings, leg tapping.
 Room -/space imp.

Nails:

Eyes (glasses, glare, night vision, swollen, infections, shadows)

Tongue: (white, furry, coated)

BP

Pulse

Height	
Weight	
BMI (weight/height in m2) Range: 18-20 = underweight, 20-25 healthy, 25+ overweight	$[\text{Weight (kg)}/\text{height (cm)}/\text{height (cm)}] \times 10,000$ eg $[65\text{kg}/168\text{cm}/168\text{cm}] \times 10,000 = 23$
Chest (cm)	
Waist (cm)	
Hips (cm)	
Bum (cm)	

Breakfast	Oat Porridge PB + Banana. Yoghurt, fruit granola. Oat milk/nut milk.
Lunch	Toastie, soup, salad ravioli, zucchini, falafels, tofu, chickpeas. Veg. Burgers.
Dinner	Sweet Pot + Veg. Broccoli/greens. Veggie Burgers.
Snacks	Fruit, muesli Bar, tea
Weekends	
Treatment Plan	School lunches.* goats cheese, eggs, yoghurt. Alo weekly.
Supplements	B12 / <u>multi</u> .

Are you doing other treatments?