

(5x)

(Amy Johnson)

NAME TRACY SCHULTZ DATE 28/02/2019
 ADDRESS 20 GILBERTSON RD, SEACLIFF PARK
 PHONE _____ MOBILE 0413 302 431
 DATE OF BIRTH 21/01/1958 MALE/FEMALE FEMALE EMAIL schultzrca@hotmail.com
 OCCUPATION Retired HEALTH FUND HEALTH PARTNERS

ALLERGIES /INTOLERANCES/REACTIONS CERHELEXIN (HIVES/RASH),
STATINS (DEPRESSION/MELANCHOLY) Before bed.

MEDICATIONS AND/OR SUPPLEMENTS OLMETEC (HIGH BLOOD PRESSURE) (Potassium sparing)
NEXIUM (GENERIC BRAND), BLACKMORES Daily Pro Biotics

(7 yrs) Am - 1/2 tablet
- If doesn't take it causes reflux Grape Seed Extract → will start again
 ALCOHOL/SMOKING/REC. DRUGS N/A

VITAMIN LOW - 65

YOUR HISTORY (injuries/ surgery/past major illnesses/ childbirth) 3 BIRTHS, MILD SLEEP APNOEA, 290
REFLUX (MINOR OESOPHAGEAL STRICTURE) High Blood pressure Superficial

Phlebitis L leg, Proctalgia fugax, Left ovarian cyst, Recent (20/2/19)
Recent: D+C with polyp removal in uterus 12th week

PAST HISTORY: MOTHER Heart Disease FATHER Heart Disease
 OTHER triple bypass OTHER + 61 went thru
↓ attack + JS menopause at 50

YOUR SYMPTOMS/ REASON FOR VISIT-

Weight gain, low energy in afternoons, Reflux 3pm
Needing a general 'TUNE UP' lost 5 years
lost hair front + eyebrows

* RA on extra 15 kilos since may
(Stress/deaths) now 120 kilos

BP gone up since I weight 155
narrow oesophagus up to 167

Diet:

Systems: (digestive, bowel, respiratory, circulatory, heart, reproductive, urinary, immune, sleep, tongue, sense organs, hair, skin, nails, eyes, extremities, appearance.....)

sleep 9 hours sleep

wakes up early

Bowel 2 daily

resp not sick often

usually goes to chest

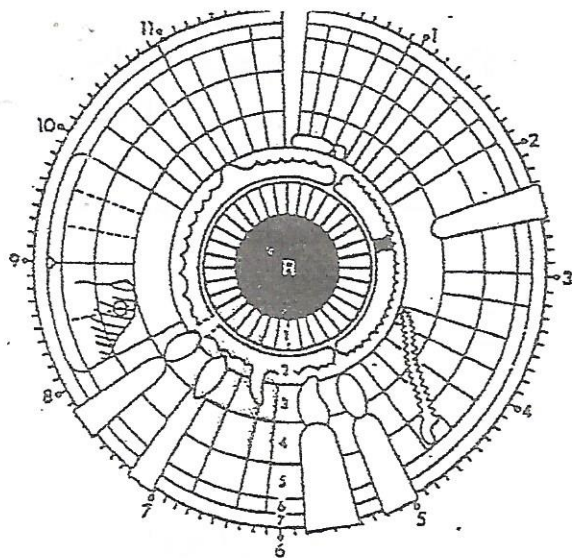
Skin early bugs bites often
bit dry

sensitive skin

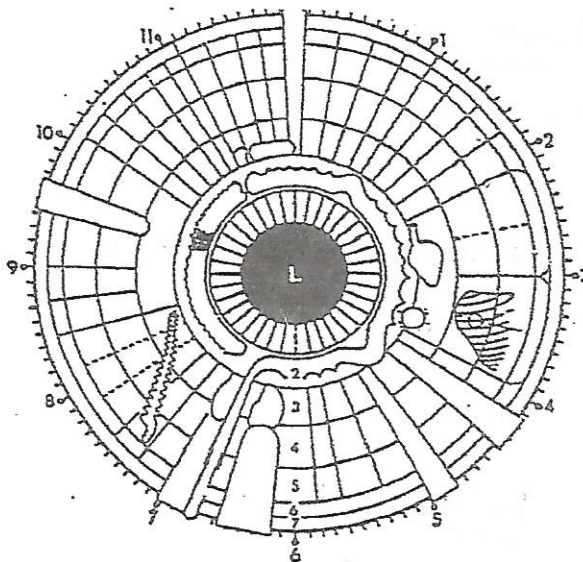
* it neck is a bit has headaches

* Osteo arthritis have spine

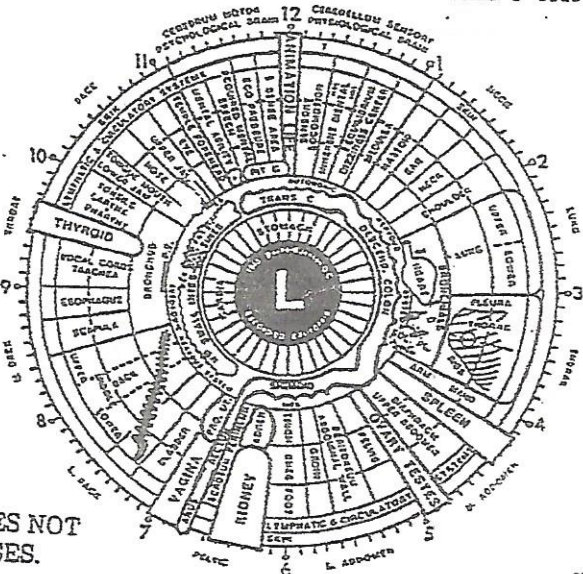
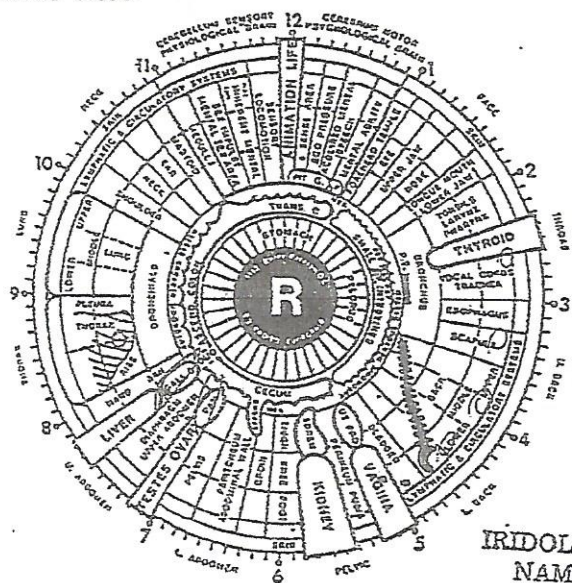
Hair - good bit soft



RIGHT IRIS



LEFT IRIS



IRIDOLGY DOES NOT
NAME DISEASES.

neck/shoulder
prostate

Blue

Sick

Spine

Arter

Copper earw

Radii solar

Kidney

Adrenal

Sodium R,

tanus
/Ryong

the good RBC's

- ↑ eosinophils
- ↑ WBC's
- dysbiosis / candida
- low spikes
- t-cells
- Fibrinogen
- WAXY 9-2

Diagn good color,
- ↑ near Bact,
- Inflammation

* WAXY
9-2

smaller neck shed 2 weeks

- Cocons on
Fur on
* Co Q10.

estrogen
dominance

Androgen 5

- Thyroid

Butter
Tweeddale or Paris creek reduced fat milk
Black Tea, Earl Grey black
Latte Coffee - + milk

(H2O) 4-5 glasses
- spring water

Carmen's Gluten free muesli, Rolled Oats

Kibbled Rye bread + jam / avo

Eggs + toast

All Veg, All fruit

Meat, Pasta, Fish

CHEESE - daily; all bre

Rice crackers, Cruskits, Saladais

Nuts - raw walnuts / almonds / cashews 3 x week

Yoghurt - 3 x PM - vegies

Rice - par 5 creek - pasta 1 x week - vegies

Lunch

Salads / rice crackers

veg + corn frozen

+ mayo

Focaccia -

cheese +
rice crackers
or water

EATS out

At breakfast
- corn fritters
- baked vegies

WEEKEND

choc bullets, potato chips; $\frac{1}{2}$ packet of salt

plain mineral water

Dry Ginger Ale. (non-alcoholic)

MEDICAL

Mild Sleep Apnoea

Reflux (minor degree of oesophageal stricture)

Superficial Phlebitis left leg

Proctalgia Fugax - anal sphincter 1 x grey 6 months.

High Blood Pressure

left ovarian cyst

Medication

Olmetec (High Blood Pressure) 40mg, 1x daily

Nexium (Generic Brand) 20mg, $\frac{1}{4}$ daily

Supplements

Blackmores Daily Pro Biotics
" Grape Seed Extract

Date: 23/15/19
Name: TRACY SCHULZ
D.O.B.:
PH:

Your Prescription

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

Supplementation Dosage:

Supplement	Dosage Instructions
Continue	
* ENERGY - X	
until your BASE BODY TEMPERATURE IS 36.4°C and above	
* STAY ON PROBIOTIC → UNTIL YOUR IMMUNE CASE BEFORE BED	
* KEEP THERMISTRO AND OFF FOR NOW	

*Maximum of 2 repeat scripts per supplement. This script is valid until _____. After this time please return to your Practitioner.

Additional Supplement Directions:

* Avoid bread unless Paleo
and try coming off your Nexium
with the new supplements

Dietary Recommendations:

Stay off wheat, sugar and dairy
As much as possible.

Lifestyle Recommendations:

Practitioner Name: _____ Registration No: _____

Clinic contact details:

Your next appointment is on _____
at _____

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

18/7/19

no sugar eating

* Using SB Floor Actin - Biocataly
Under Floor Fes.

* ~~lost~~ 10-3 km.

BBT not over 36-1

- Since Keb/mars

ON Maximum $\frac{1}{4}$ only

Still on OWENC

Under

* dysbiosis

* + cell

* parasites

DEED

Barer - 21

(BP) - ~~12/12~~ $\frac{130}{69} - \frac{135}{70}$

Date: 18/4/19
Name: MAZSY SCHULT
D.O.B.: _____
PH: _____

Your Prescription

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

Supplementation Dosage:

Supplement	Dosage Instructions
* Enterocore	1 teaspoon of enterocore
	before every meal 3 x daily
* BOWEL DIGEST	4 Sprays to be taken 15 minutes before
	until finished 2 x daily
* START ENERGY - X	1 scoop in water or almond
	milk after breakfast and lunch

*Maximum of 2 repeat scripts per supplement. This script is valid until _____. After this time please return to your Practitioner.

Additional Supplement Directions: START GASTRO AID - 1 capsule with
meals 3 x daily; for 2 weeks before you reduce
Nexium

* For preventing cold/flu take ETHICAL IMMUNE ZORB
Immune defence 1 daily, 2 daily if you get sick

Dietary Recommendations: * HAVE JERKINER ONCE A WEEK

CONTINUE COCONUT OIL and Diet as before

Lifestyle Recommendations: _____

Practitioner Name: _____ **Registration No:** _____

Clinic contact details:

Your next appointment is on _____
at _____

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23/5/19

* got sick / virus last

frised Basic Digest, enterocytestill on - Gastro And

- Energy - X.

Tried to reduce Nexium- still with Burns after 3 dayslow topyloric sphincter doesn't close* tooth~~set~~ settled down ; 1 to week ^{pan} only

X (Bp) X good

Like

- TTI mbc's

- dysbiosis / causes
- more AndPrep* inflammation

Date: 28/2/19
 Name: TRACY SCHULTZ
 D.O.B.: _____
 PH: _____

Your Prescription

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

Supplementation Dosage:

Supplement	Breakfast			Lunch			Dinner			Bedtime	Away from Meals	With Meals
	Dose			Dose			Dose					
	Before	During	After	Before	During	After	Before	During	After			
ENTROACE										✓		
(cut 1st mg / probiotic)										✓		
MATRIX PLUS detox			✓									
(liver + detox support)												
INTESTACLEAR			✓			✓				✓		
(cardio / blood)												

*Maximum of 2 repeat scripts per supplement. This script is valid till _____. After this time please return to your Practitioner.

Additional Supplement Directions: Next weight loss probiotic
Thyroid if needed - 24hr turn

Dietary Recommendations: TAKE 2 TEASPOONS OF Apple CIDER VINEGAR
IN A LITTLE WATER BEFORE EACH MEAL
OR ON SMOOTHIES OR VEGIES

* Follow low glycemic load diet

Lifestyle Recommendations: NEXT Thyroid BLOOD TEST ACE
T.S.H
FREE T3
FREE T4
Thyroid Antibodies

Practitioner Name: _____ Registration No: _____

Clinic contact details: _____

Your next appointment is on _____
 at _____

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

21/3/18

Int. fasting?

Energy feels 1

↓ Broasting above belly

- on the maximum now

2 pack on
grapeseed
extract

- will start apple cider soon

≠ lost 4.2 kilos

on grapeseed

- Almond milk has sugar in it

no lather

having kind
of

85% chocolate

2 brew

perfect chip

(Be) at home

12/70

Love

- st. rasp

- st. colds / st. dysbow

- st. ad

- Fibrosinogen

Deled

- Int. fasting

good color.

- Fibrosinogen

Date: 21/3/19.
 Name: TRACY SCHULTZ
 D.O.B.: _____
 PH: _____



Metagenics

Genetic Potential Through Nutrition

Your Prescription

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

Supplementation Dosage:

Supplement	Breakfast			Lunch			Dinner			Bedtime	Away from Meals	With Meals
	Dose			Dose			Dose					
	Before	During	After	Before	During	After	Before	During	After			
Continues												
- INTERACER			✓			✓			✓			
- ENTEROCARE										✓	Before	
when you stop Nexium take before breakfast ALSO												
maxix PHASE DETOX			✓									
when finished start BOWEL DICTEST												
take 2 hour away from anti-biotics if needed												

*Maximum of 2 repeat scripts per supplement. This script is valid till _____. After this time please return to your Practitioner.

Additional Supplement Directions:

* PLEASE LET ME KNOW IF YOU GET SYMPTOMS COMING OFF NEXIUM

Dietary Recommendations:

CONTINUE DET AS BEFORE
 Add 1-2 TABLESPOON OF COCONUT OIL DAILY

Lifestyle Recommendations:

Practitioner Name: _____ Registration No: _____

Clinic contact details:

Your next appointment is on _____ at _____

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

18/4/19

* BBT 35.9, 38.4, 36.4, 35.2, 36.2
35.9, 36.2, 36.2.

* too niggly colicky feely in bowel
stool but smell anymore

* Noxum wet off 4d got bad burning

Started Bowel Digest; Finished entercare 122 mg/2
Finished Detox

* tooth problem → porcelain filling → pain in
(no infection)

→ taking paracetamol
lost 6-9 kilos

like
- f-cell
- st. dysbiosis

also 198
Inflammation

(50) - (140/68) yesterday

Thyroid

Date: _____
Name: 18/7/19
D.O.B.: _____
PH: FRAZY SCHULTZ



Metagenics

Genetic Potential Through Nutrition

Your Prescription

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

Supplementation Dosage:

Supplement	Dosage Instructions
* ULICA FLORA INTENSIVE CARE	1 capsule before bed
* INTESTICARE	1 capsule 3 x daily
(Take at least 2 hours away from medication)	

*Maximum of 2 repeat scripts per supplement. This script is valid until _____. After this time please return to your Practitioner.

Additional Supplement Directions:

* EAT PUMPKIN SEEDS daily (to help fight parasites)

Dietary Recommendations: * INCREASE WATER INTAKE TO AT LEAST 2 LITRES daily

Lifestyle Recommendations: * EXERCISE EACH MORNING

Practitioner Name: _____ Registration No: _____

Clinic contact details:

Your next appointment is on _____
at _____

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