

# Bhuvaneswari Pranatharthihari

Herbal Whisperer

## Personal Information

Mr	Lumbini
Middle Name	Wekunagoda
Preferred name	0430092112
Ph: Home	Ph: Work
lumbini@melfinance.com.au	04/05/1981
23 Station avenue	
Ashwood	VIC
Australia	3147
Occupation	<div><div>Male</div><div>Female</div><div>Other</div></div>

## Emergency contact

Ishara	Wickramaratne
0413634893	Spouse

## Referral source

How did you hear about this clinic?

Family or Friends

## Health History

If you have a history of any of the following conditions, please select below.

- ☐ Heart disease
- ☐ Diabetes

- ☐ Asthma
- ☐ Severe weight loss/gain
- ☐ Headaches
- ☐ Autoimmunity
- ☐ Dizziness
- ☐ Pregnant
- ☒ Cholesterol
- ☐ Severe fatigue
- ☐ Bruise easily
- ☐ Blood pressure
- ☐ Night sweats
- ☐ Skin conditions
- ☐ HIV
- ☐ Epilepsy
- ☐ Thyroid
- ☐ Mental health (other)
- ☐ Arthritis
- ☐ Cancer
- ☐ Post traumatic stress disorder (PTSD)
- ☐ Other health condition/s

## Health history details

If you answered yes to any of the above questions, please provide further information here.

Cholesterol levels are normal- however 20% of LAD after CTCA. Therefore I'm on a 10mg Crestor (it was more of a prevention strategy)

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## Mental health (other) (briefly describe)

If you answered yes to any of the above questions under the section 'Health history' , please provide further information here.

N/A

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## Surgeries

Please list any surgeries you have had.

Septoplasty /  
Reconstruction of femur

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## Medicines/supplements

Please list any medications or supplements, including the dosage and the reasons you are taking them.

3 per day Men's  
multivitamin - Swiss  
10mg Crestor Fishoil-  
2000mg Vit D - 1000mg x  
3 per day Men's  
multivitamin - Swiss  
10mg Crestor Fishoil-  
2000mg Vit D - 1000mg x  
3 per day Men's  
multivitamin - Swiss  
10mg Crestor Fishoil-  
2000mg Vit D - 1000mg x  
3 per day Men's  
multivitamin - Swiss

## Alcohol consumption

How much alcohol do you consume on a weekly basis?

No

## Smoking

Do you smoke? When did you start and how often do you smoke?

None smoker

## Exercise

What type of exercise do you do and how often?

3 x per week and  
intensive gym exercise

List the name and dosage of all vitamins, minerals and natural supplements you are currently taking

As above

## Family Medical history (Family medical conditions)

Mother: Living/ Deceased List known medical conditions:

Deceased - Parkinson/ Heart murmur

Father: Living/ Deceased List known medical conditions:

Deceased - Prostate cancer/ High blood pressure

Siblings: Living/Deceased List known medical conditions:

Brother 1 - Living- Diabetic Brother 2 - Epilepsy

Mother's Mother: Living/Deceased List known medical conditions:

Deceased

Mother's Father: Living/Deceased List known medical conditions:

Deceased

Father's Mother: Living/Deceased List known medical conditions:

Deceased

Father's Father: Living/Deceased List known medical conditions:

Deceased

Please list any other medical/health conditions or illnesses that are present in your immediate and extended family:

Not aware

## Current Complaint

What is the reason for your visit?

Recurrent inflammation particularly around wrist

When did the problem begin?

1-2y before

What caused the problem?

Not aware

What relieves your symptoms?

Meloxicam

What aggravates your symptoms?

Not aware

Have you consulted any other health professionals about this problem? If so, please provide details. below.

GP- as per the GP not to be concerned

### Pain scale

On a scale of 1-10 with 1 being minimal and 10 being maximum pain, how would you rate your pain?

1 2 3 4 5 6 7 8 9 10  
☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐

### Mood scale

On a scale of 1-10 with 1 feeling very down and 10 feeling great, how would you rate your mood?

1 2 3 4 5 6 7 8 9 10  
☐ ☒ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

### Allergies/Intolerances

Dairy

☐ Yes ☒ No

Soy

☐ Yes ☒ No

- Yeast ☐ Yes ☒ No
- Wheat ☐ Yes ☒ No
- Sulphites ☐ Yes ☒ No
- Gluten ☐ Yes ☒ No
- Peanuts ☐ Yes ☒ No
- Other nuts ☐ Yes ☒ No
- Sugars ☐ Yes ☒ No
- Cleaning products ☐ Yes ☒ No
- Tomatoes ☐ Yes ☒ No
- Artificial Flavours ☐ Yes ☒ No
- Artificial Colours ☐ Yes ☒ No
- Salicylates ☐ Yes ☒ No
- Shellfish/Fish ☐ Yes ☒ No
- Metals (Jewellery) ☐ Yes ☒ No
- Perfume/fragrance ☐ Yes ☒ No

Alcohol ☐ Yes ☒ No

Eggs ☐ Yes ☒ No

Dust mites ☒ Yes ☐ No

Medications ☒ Yes ☐ No

Cigarette smoke ☐ Yes ☒ No

Pollen ☒ Yes ☐ No

Animal dander (fur) ☐ Yes ☒ No

Other (Please mention) ☐ Yes ☒ No

Other (Please mention)Animal dander (fur)PollenCigarette smokeMedicationsDust mitesEggsAlcohol  
Perfume/fragranceMetals (Jewellery)Shellfish/FishSalicylatesArtificial ColoursArtificial FlavoursTomatoes  
Cleaning productsSugarsOther nutsPeanutsGlutenSulphitesWheatYeastSoyDairy

Any other allergies (briefly describe)

Tramadol

### Sleep quality scale

On a scale of 1-10 with 1 being very poor and 10 being excellent, how would you rate your sleep quality?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Energy scale

On a scale of 1-10 with 1 being very low energy and 10 being very energetic, how would you rate your energy?

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

## Food recall diary

### Breakfast

Cup of tea / Toast and smoked salmon

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### Morning tea

Cup of tea

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### Lunch

Rice and few curries (veggies & meat/fish) and most days salad included

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### Afternoon tea

A fruit and a cup of tea

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### Dinner

Less carb dinner (varies Mon-Thursday) then on Friday and Sunday mix with carbs any meal

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### Additional snacks

Nuts & protein bars

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### Liquids consumed

Water

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Additional dietary notes

No

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Have you had a covid-19 Vaccination?

Have you had a flu injection this year?

Have you donated blood recently?

### List of test results

Do you have a pacemaker or any implanted device?

Anything else you wish to mention?

Covid vac 3rd / No flu injection / Regular blood donor / No pacemaker / Metal rod in the fenur

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### Private health fund details

If you have private health insurance that covers you for natural therapies, please provide your details below. Please note, not all practitioners and/or services are eligible for rebates.

Fund name (include the membership number and number on the card)



Membership number

☐ Number on the card

#### Treatment consent

I have to the best of my knowledge, provided all relevant information about my health and medical history and I give my full consent to treatment. I intend this consent to apply to all future treatments and I understand that I must update my service provider with any changes that may occur in my medical history.

I consent for my practitioner to collect, store and utilize this personal information for the purposes of providing services to me in accordance with the relevant privacy legislation and any other legal requirements that may apply.

I understand that I need to provide a notice of cancellation of at least 2 days (48 hours) before the scheduled appointment, to be eligible for a refund of the session fee, minus a cancellation fee AUD20.00. Cancellations made one day (24 hours) before the scheduled appointment will not be eligible for a refund of the session fee.

☒ I consent to treatment

☒ I would like to receive communications on the latest news and offers

**Client Name \***

**Date**

Lumbini Wekunagida

04/02/2025

☒ I am the client

☐ I am submitting on behalf of the client

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