

Client Name: James Dawson

DOB:

Date: 24/2/24

Mobile: 0418684180

Student Name: Leigh Gibbs

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Clinic Supervisor: Andrea Gilbert

Have you seen a Naturopath/Nutritionist or Herbalist before?

Explain the process for today.

Presenting Symptoms

What brings you here today? What symptoms or health concerns are you currently experiencing?

Lethargy

Persistent stomach upset. Constantly Bloating, gastric pain. IBS type symptoms. Passing 7 x day sometimes.

Has gas, loose stools.

Took inner health plus a while back which helped a little.

When did these symptoms start? Does anything make it better or worse?

Gluten/dairy Mid 30s cut out.

Symptoms improved when he went on a severe Diet protocol during Covid - 900cal / day. Low carb Low Gi - high protein.

Can't handle onion - instantly bloated.

Particular about diet - is worse for potato and rice, oats, Cauliflower and salads also.

Have you sought help for this with anyone else? What treatment or medications have you tried and what results did you get?

No

History

Have you been diagnosed with any medical conditions? Have you had any illnesses, operations, accidents, or trauma? (Including during childhood)

Shingles last year 3-4weeks nerve pain for 2 months. Was on Antivirals x 2 last 12months.

Asthma as a kid. Ceased as a teenager

Covid x 2

Medications & supplements from the intake form? (Make sure you have brand, dose and frequency information)

Pfizer x 3

Check for contraceptive pill or an IUD? If yes, which one?

Have you taken antibiotics in the last year or so? If yes, what for and how much? NO

Family History

Any significant health conditions or diseases that run in your family?

Mothers side

Diabetes Type 2.

Fathers side

Dad renal carcinoma died at 62

Siblings

Lifestyle Analysis

What is your typical daily routine like?

Agent for musicians/guitarist

Work 9-3pm

Stress levels ok with work. High stress with family, ex wife.

Do you have any allergies or intolerances?

Hay fever. Vertigo occasionally.

Have you ever smoked? Do you smoke now? Y/N, if yes, how many per day?

Vaping gave up recently.

Smoke socially 3-4 cigarettes.

How many serves of alcohol do you usually drink each week?

20 drinks per week. Mainly wine.

Do you take any recreational drugs? Have you ever taken them?

NO.

Energy levels between 1 and 10 (1 being no energy, 10 being very high energy)

When do you feel most energized and when do you feel tired?

5/10.

Wake up tired. Peak mid afternoon. Feel best at night.

Not much time outside.

How are your stress levels? between 1 and 10 (1 being no stress, 10 being major stress)

8/10. Manifests as increased heart rate. Fidgety.

What are the main causes of stress for you?

Divorce, 3kids under your care.

Do you react to loud noises?

YES!! - adrenals.

How many hours do you sleep each night? Do you have trouble getting to sleep?

Do you wake in the night, why? what time? Can you go back to sleep? Are you aware if you snore or have breathing problems during sleep?

6 hours/night. 10:30pm. 2pm toilet. Up at 5am

Wired but tired brain can't shut down.

Bad insomnia bad sleep onset.

Do you wake up feeling refreshed? Do you remember your dreams?

No. Recall ok.

Do you exercise regularly? What type and frequency? What type of exercise do you enjoy?

None atm, can't find the time.

Nutritional Analysis

Let's move on to discussing your diet and eating habits

On rising: Water

Breakfast:

Coffee black w milk - tiny

Blest protein powder with water. Piece of gluten free toast.

Morning Snacks:

Blueberries/strawbs. Rarely.

Lunch:

Salad tomato, capsicum, cucumber, chicken. No dressing.

Vietnamese BAN Mi

Afternoon snacks:

Protein bar - chips

Dinner:

Steak potatoes, carrots, salmon broccoli, chicken

Sweet potato maybe 1 x fortnight.

Bolognese sauce with spinach or broccoli. No pasta

Desserts or evening snacks:

Superdupers.

High protein yoghurt. Some seeds on top.

Any other comments about your diet/eating habits?

Drinks, how many cups of coffee, tea, water, other do you drink each day?

3-4 Litres a day , 2 cups coffee/day.

Is it different on the weekend?

How often do you eat out?

What do you choose?

2-3 times pub meal, steak, schnitzel.

Do you cook from mostly fresh ingredients from scratch, or do you get premade, tins, or packets?

Fresh

What happens if you skip a meal?

Fine

Do you eat differently when stressed, any emotional eating?

Do you have any cravings? Crave hot chips

Systems Review

Gastrointestinal

How is your digestion? Any issues such as indigestion, burping, bloating or gas? Abdominal pain, cramping or bloating? Itchy bottom?

Burping occasionally, but not excessive. As above re Sx

Bowel movements, how often? blood in stool? float or sink? colour, consistency, mucus? No. on Bristol stool chart?

4 /day can be more.

Thin and narrow. Brown yellow. "Very unsatisfying."

Cardiovascular

Any heart issues, chest pain, palpitations? Do you have cold hands or feet? Any varicose veins or DVTs? How is your cholesterol and blood pressure?

NO issues.

Muscular Skeletal

Do you get cramps, joint pain, back pain, stiffness, numbness or tingling, Do you have restless legs?

Hamstrings achy/tight - magnesium -salt, calcium.

Skin/Hair

Any issues with acne, eczema, psoriasis, or warts. Thinning hair, falling out?

No much grey. Dry skin.

Mood

Do you feel teary or sad? Do you get anxious or depressed. Do you feel motivated and able to get things done?

Respiratory System

Do you get any headaches, migraines, dizziness, or vertigo?

Towards end of day occasioning.

How many colds or flu per year and how long to recover?

Do you suffer from swollen glands, hay fever, sinus issues, postnasal drips, or nose bleeds?

Throaty, chesty atm. A little run down.

Do you have a cough? *How long, colour of sputum, time of day and do you have SOB?*

Urinary System

Do you have any bladder issues? Cystitis/UTIs or incontinence, pain on urination or frequency or urgency?

No issues yet. Says stream doesn't feel as strong however. Recommended to get some due diligence testing.

Eyes

Do you wear glasses, contacts, do you get any black spots, can your eyes adjust to light in the dark? Any conjunctivitis or infections?

Tongue

Red, scalloped, fissured, trembling.

Female Reproductive System

How is your cycle? Details on periods, app for tracking? Length, heaviness, clotting

Male Reproductive System

Any UTIs, lymph or gland swelling, hernia

Any breast tenderness, swelling or lumps prior to menstruation? Do you feel irritable, depressed, angry, have headaches or cravings?

Any issues with impotence or infertility?

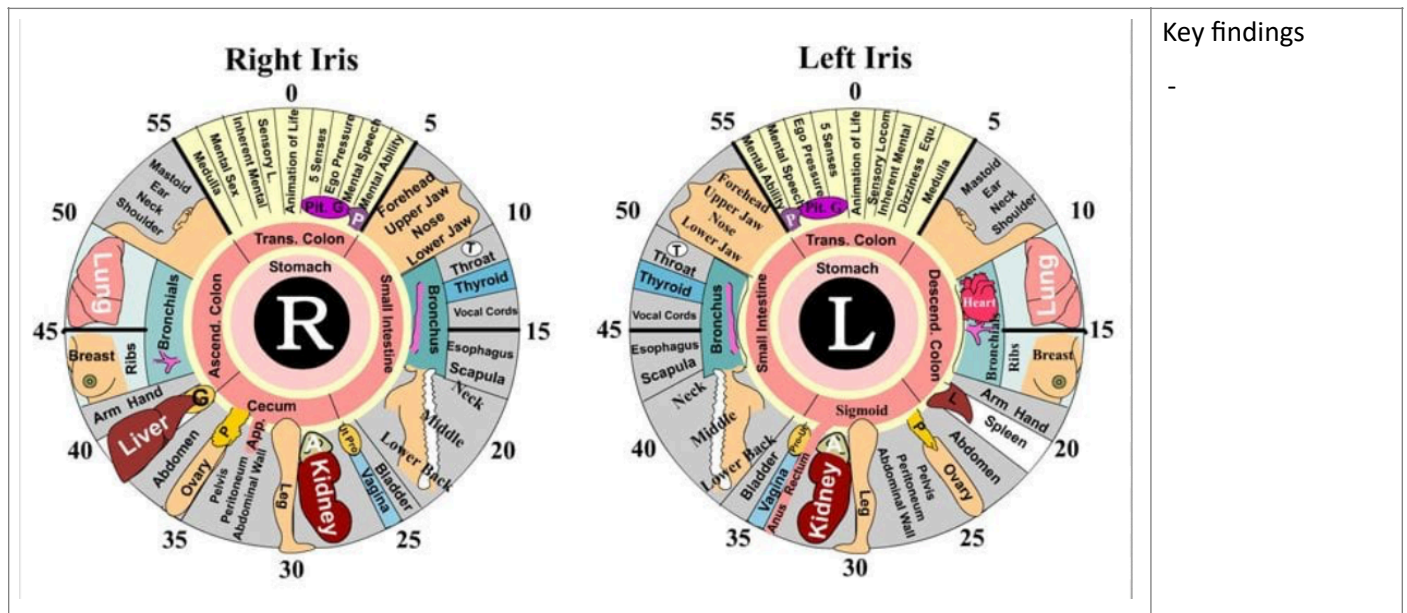
Do you notice discharges? Have you had thrush?

Do you have a strong, constant urine flow or does it stop and start?

Is your pap smear up to date, any issues?

Have you had your PSA checked recently?

Iridology



In Clinic Testing

Body Composition - Is your weight stable or has it changes recently? What weight are you happy with?

Height: ____186__ cm

Age: ____44__ years

	Initial	Appt 1	Appt 2	Appt 3	Appt 4	Appt 5
Date						
Weight	90kg					
Fat%						
Muscle kg						
BMI						
Visceral fat						
Metabolism						

Water						
Bone kg						

Testing	Initial	Appt 1	Appt 2	Appt 3	Appt 4	Appt 5
pH						
BP						
Pulse						
Nails						
Tongue						

What are your health goals and what would you like to achieve through naturopathic treatment?

Refer back to intake form and confirm goals

SUPPLEMENTS/HERBS:

MagTaur 2 x day Morning/afternoon

Phytaxil 1, 3/day

PHGG 1 x morning

Biogaia Protects 1 x before bed.

LIVER/GUT/NERVOUS SYSTEM

Ginger 5

Gentian 15

Goldenseal 30

St Marys 50

Marshmallow 30

Schisandra 40

Skullcap 40

5ml 2day.