



**Client Name:** Sue Quinn **DOB:** 19/6/1974

**Date:** 6/12/24

**Mobile:**

**Practitioner Name:** Leigh Gibbs

**Email address:**

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?

Restless legs, constant eating. Depression, Gut health. Low iron

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

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

## History

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

Gall bladder removed. 2004. Broken ankle 2024, ACL 2015.

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

Ethica Nutrieints mega Mag

Activated B

Ultra Zinc +

Mega Iron

Bio source iron

Siffrol when needed. 3 sometimes. Makes her sleepy.

Somac. When needed for reflux.

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?

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Yes used to take after sex to avoid UTI. But only 1????? - dysbiosis.

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## Family History

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

### Mothers side

Diabetes, fibromyalgia, cancer

### Fathers side

Grandfather heart attack.

### Siblings

Melanoma, asthma.

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## Lifestyle Analysis

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What is your typical daily routine like?

5:30am wake up for walk.

Do you have any allergies or intolerances?

Band aids. Glue. Anti nausea medication when having surgery - LIVER!!

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

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

2 / week.

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

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?

Waking up tired. Not sleeping. 5/10. Crashing around 10am.

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

Fairly good now. 3/10.

What are the main causes of stress for you?

Divorce.

Do you react to loud noises?

Yes. - Adrenals.

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

Waking up randomly. Weeing 3 or 4 times. Sleepy tea before bed. 4-5 hours.

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?

Snore. Sleep apnea. No history of tonsil issues.

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

Yes. Not recently.

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

Walking every morning. Youtube Yoga. Bike riding. 20mins.

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## Nutritional Analysis

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

### On rising:

Green juice before walk then coffee when she comes home.

### Breakfast:

Avo & Eggs on toast.

Goats cheese tom on toast. Muesli with yoghurt.

### Morning Snacks:

### Lunch:

SKIP

### Afternoon snacks:

Cheese/crackers, left overs. Carrots/ Cucumber.

### Dinner:

Uber Eats. Thai, Salad with fish, Fish tacos. Not much veg.

Cous Cous makes her bloated.

### Desserts or evening snacks:

Brown rice crackers, cheese, yoghurt ice creams. Back to the fridge 5 times. BLOOD SUGAR.

Any other comments about your diet/eating habits?

Yoghurt makes her bloated. Sugary. Banana bread.

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

2.4L roughly. Coffee w oatimilk and choc powder. Before food.

Is it different on the weekend?

How often do you eat out?

What do you choose?

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

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What happens if you skip a meal?

Nothing.

Do you eat differently when stressed, any emotional eating?

VERY.

Do you have any cravings?

Ice cream, cheese & Crackers.

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## Systems Review

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### Gastrointestinal

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

Feels very full after eating. Even a couple of bites. NO burping. Bad breath. Have a dry mouth. Biotin mouth spray. Pain in the lower abdomen.

Cous Cous, banana bread, yoghurt, after salads. Steak and salad w feta cheese bloated. Cabbage.

Usually 1 x day.

2 sometimes 5. Smooth at the moment. Mr Whippy. Soft. VERY DARK. Since doing steak and eggs.

No staining.

### 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? Swelling of feet? Blue lips?

Headaches last couple of weeks. Lingering. Nurofen.

Bp128/80. Usually good. O- blood type.

### Muscular Skeletal

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

Restless legs. Numb in thumbs. Cold toes. CIRC STIMS. Back shit. Still. Lower disc 3 buldging L345.

### Skin/Hair

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

Wound healing good. Feel puffy in the morning.

### Mood

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

Mood . 6/10. Low motivation.

## Respiratory System

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

Headaches. Dull ache. Forehead.

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

1 or 2.

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

Sinus issues. Dry and blocked.

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

Cough for 6 weeks, asthma. Puffer 2 x day.

## Urinary System

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

Wee alot. Especially at night. Take an antibiotic after sex to stop infection.

## Eyes

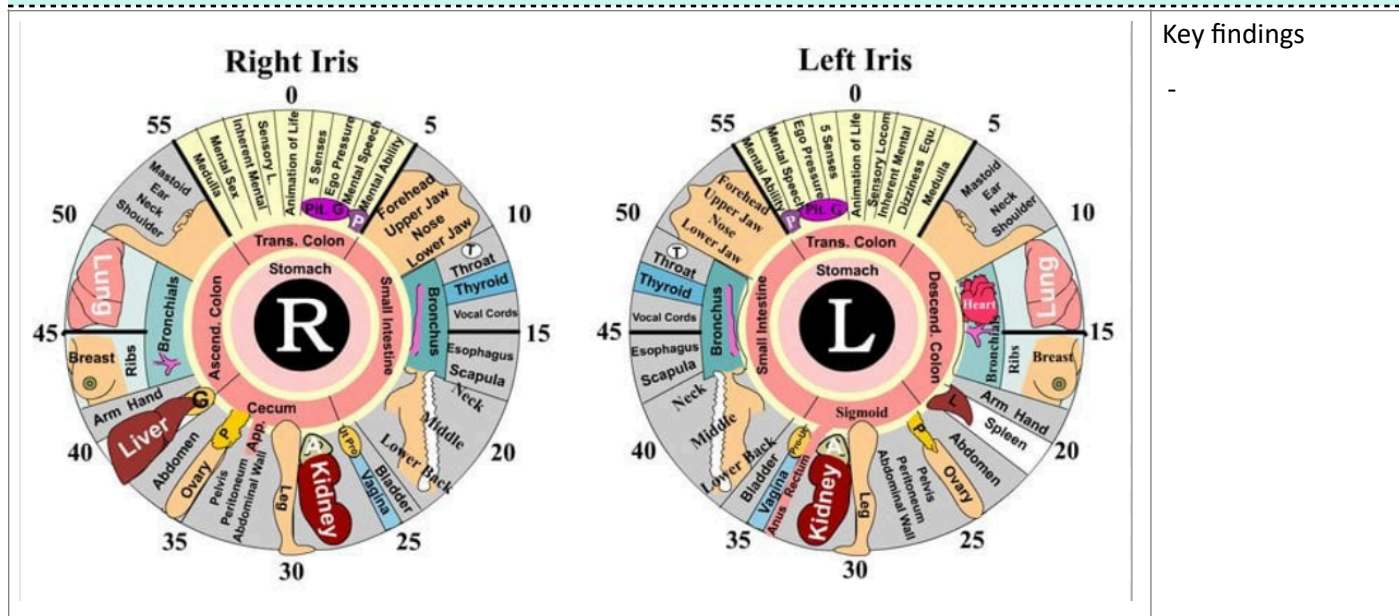
Do you wear glasses, contacts, do you get any black spots, can your eyes adjust to light in the dark? Any conjunctivitis or infections?

## Ears

Any hearing issues, do you have wax build up or infections?

Female Reproductive System	Male Reproductive System
How is your cycle? Details on periods, app for tracking? Length, heaviness, clotting Period. Monthly. Normal Bleed. 3 days.	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? Teary beforehand. And frustrated. Night sweats. Dripping. Bad cravings before.	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: \_\_\_\_\_ cm      Age: \_\_\_\_\_ years

	Initial	Appt 1	Appt 2	Appt 3	Appt 4	Appt 5
Date						
Weight	72kg.					
Fat%						
Muscle kg						
BMI						
Visceral fat						
Metabolism						
Water						
Bone kg						

Testing	Initial	Appt 1	Appt 2	Appt 3	Appt 4	Appt 5
pH						
BP						

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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.

SIBO???

RLS - low B1, iron, dopa, Ca, K, Na.

Salt before bed? SSRIS deplete sodium - been on for 20yrs.

MagTri Restful night

Bassica \$50

GenoMulti \$45

GIT Mix

Dandelion, Chamomile, Meadowsweet, Liquorice, Marshmallow 20ml each.

NS/RLS

Baical 30

Withania 40

Skullcap 30

GotuKola 20

Rhodiola. 30

Codonopsis 30

Prickly Ash 30

Next appt address SIBO and iron. Benfotaiamine?