

MDA Results

Patient: Ashlee Bridges

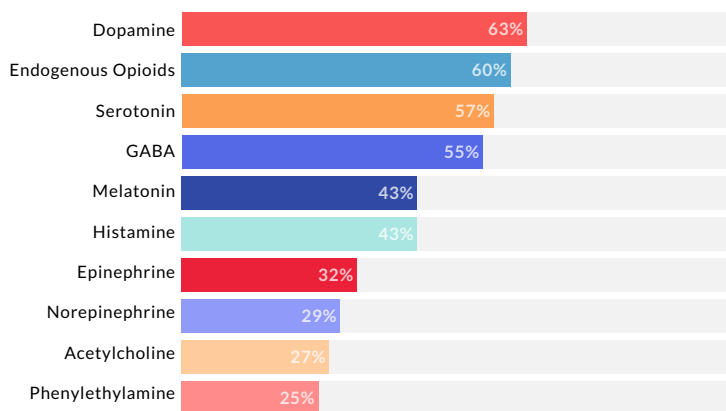
(/patients/94494)

Date completed: 28 Feb 2023

Message sent to patient

Hi Ashlee, Please fill in the mood appraisal as soon as you can. Thanks Nicole =)

Analysis



Neurotransmitter	Deficiency (%)	Nutritional and herbal support
Dopamine	63%	Phenylalanine Tyrosine Eleutherococcus senticosus root (Dry Herb Equiv) Rhodiola rosea root (Dry Herb Equiv) L-Theanine
Endogenous Opioids	60%	Glutamine Phenylalanine Magnesium Zinc
Serotonin	57%	Pyridoxal 5-phosphate Tryptophan Crocus sativus stigma (Dry Herb Equiv) L-Theanine 5-HTP Hypericum perforatum herb top flowering dry ext conc (St John's Wort)
GABA	55%	Glutamine Magnesium Pyridoxal 5-phosphate Zinc L-Theanine GABA
Melatonin	43%	(S)-S-Adenosylmethionine Glycine Magnesium Tryptophan Ornithine monohydrochloride Lavender oil

L-Theanine

5-HTP

Histamine	43%	Histidine Pyridoxal 5-phosphate Ascorbic acid
Epinephrine	32%	(S)-S-Adenosylmethionine Phenylalanine Tyrosine Eleutherococcus senticosus root (Dry Herb Equiv)
Norepinephrine	29%	Phenylalanine Tyrosine Eleutherococcus senticosus root (Dry Herb Equiv) Rhodiola rosea root (Dry Herb Equiv)
Acetylcholine	27%	Choline bitartrate Eicosapentaenoic acid (EPA) Acetyl levocarnitine hydrochloride Docosahexaenoic acid (DHA)
Phenylethylamine	25%	Glutamine Phenylalanine Magnesium Zinc

Results

Do you find it difficult to make decisions?

Often (6-15 times a month)

Do you experience digestive symptoms or digestive discomfort and find these symptoms have increased as you have aged?

Never

Do you suffer from long-term constipation?

Never

Are you a light sleeper and wake frequently during the night?

Often (6-15 times a month)

Do you experience poor coordination or balance?

Never

Have you been diagnosed with dementia or Alzheimer's disease?

Never

Do you find it difficult to rapidly process new information?

Sometimes (3-5 times a month)

Do your muscles ever feel tight?

Occasionally (twice or less a month)

Do you experience vague or plain dreams?

Never

Do you ever feel unmotivated and struggle to get into what each day has to offer?

Often (6-15 times a month)

Do you find it challenging to learn new things?

Sometimes (3-5 times a month)

Do you feel there is significantly high stress in your life?

Very Often (Greater than 15 times a month)

If applicable, do you feel you have a low sex drive?

Very Often

Do you ever have difficulty remembering the details of what happened yesterday?

Never

Do you ever misplace objects?

Very Often (Greater than 15 times a month)

Do you ever experience insomnia?

Often (6-15 times a month)

Do you experience panic attacks?

Never

Do you experience manic episodes or feelings of mania?

Very Often (Greater than 15 times a month)

Do you experience seizures?

Never

Do you ever crave alcohol?

Never

Do you experience nervousness or worry about doing something you haven't done before?

Very Often (Greater than 15 times a month)

Excluding the use of anticoagulant (blood thinning) medications, do you find that cuts or injuries take a while to heal?

Never (small cuts and sores heal fully in a few days)

Do you experience hallucinations (or see things that are not actually there)?

Occasionally (twice or less a month)

Do you have hyperactive tendencies?

Very Often (Greater than 15 times a month)

Do you find it challenging to concentrate?

Often (6-15 times a month)

Do you feel constantly fatigued?

Occasionally (twice or less a month)

Do you have difficulty waking in the morning?

Never

Do you seem to need more sleep than others?

Often (6-15 times a month)

Do you experience feelings of anxiety?

Often (6-15 times a month)

Do you often have a relatively high tolerance to pain?

Occasionally (twice or less a month)

Do you often feel fatigued for no particular reason?

Occasionally (twice or less a month)

Do you experience hypotension (low blood pressure)?

Occasionally (twice or less a month)

Do you experience hypoglycaemia (low blood sugar)?

Never

Do you find it difficult to fall asleep at night?

Often (6-15 times a month)

Do you experience headaches or migraines?

Sometimes (3-5 times a month)

Do you experience frequent or long standing insomnia?

Often (6-15 times a month)

Do you experience hypertension (high blood pressure)? Answer very often if you are taking prescribed blood pressure medication/s, even if your blood pressure is normal whilst medicating.

Never

Do you find it difficult to remember what happened a long time ago (poor long term memory)?

Never

Do you experience chronic pain? E.g. Pain that has lasted longer than 6 weeks

Never

Do you suffer from stress urinary incontinence?

Never

Do you put on weight easily and find it difficult to lose weight?

Sometimes

Do you use, or have you previously used, large amounts of stimulants? E.g. Caffeine, Amphetamines, Nicotine, Cocaine

Occasionally (twice or less a month)

Have you experienced chronic stress coupled with fatigue currently or in the past?

Often (6-15 times a month)

Do you have a short attention span and find it difficult to concentrate?

Very Often (Greater than 15 times a month)

Do your legs jump when you are asleep?

Sometimes (3-5 times a month)

Do you avoid regular exercise?

Often (I might exercise twice per month)

Do you have overtly negative reactions to stress or dwell over stressful situations?

Very Often (Greater than 15 times a month)

Do you feel tense, anxious and worried?

Very Often (Greater than 15 times a month)

Do you smoke more than one packet of cigarettes a day? Answer never if you do not smoke at all.

Never

Do you crave or actively seek behaviour such as gambling, extreme sports, recreational drug use, frequent excess alcohol use?

Occasionally (twice or less a month)

Do you experience constipation?

Never

Do you constantly worry about your body size?

Very Often (Greater than 15 times a month)

Do you feel aggressive when drinking alcohol?

Never

Are you more sensitive to pain than others (low pain tolerance)?

Very Often (Greater than 15 times a month)

Do you ever find yourself repeating certain actions constantly such as hand washing, counting things or checking that the door is locked?

Sometimes (3-5 times a month)

Do you crave sugary foods or foods high in carbohydrates?

Often (6-15 times a month)

Do you dwell for an extended period of time over a major personal life event e.g. relationship breakup, financial worries?

Very Often (Greater than 15 times a month)

Do you have problems with self esteem?

Very Often (Greater than 15 times a month)

Do you suffer from headaches?

Sometimes (3-5 times a month)

Do you avoid situations where there will be a large amount of people?

Never

Do you feel nervous when you have to go to public places?

Never

Do you feel angry or aggressive?

Often (6-15 times a month)

Do you feel more depressed or down during the winter months?

Very Often (Greater than 15 days a month)

Do you have panic attacks or anxiety?

Occasionally (twice or less a month)

Do you suffer from feelings of being down or depressed?

Very Often (Greater than 15 times a month)

Do you have impulsive tendencies?

Often (6-15 times a month)