

History intake form

COMPLETE

#7

CREATED



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1.145.34.142

* Name

Tara Benton

* Email

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* Accidents / Trauma / Surgery / Illness/Injuries AND muscular / Skeletal/ TMJ problems/ Dental

Haha lol
Abusive ex

* Sleep Pattern (Hours per night and quality) AND Medications / supplements:

Thyroxine 100mg a day
Sleep 6-10 Hours a night - low quality
Anti parasite protocol

Was on iron but ran out- think I need it again
Just came off hormonal BC

* Immune system and Allergies / sensitivities / Skin Issues (eczema) :

Hashis

* Birth & Childhood History/ Behavioural patterns, PMS & Reproductive/hormonal Moods, patterns of feelings and thoughts.

2 x abortions
Pms maybe pmds- very depressed before period

* Bowel Habits: Frequency, time(s), consistency, undigested food or Dietary: ie avoided food groups Bladder: Litres of water per day, Alcohol/coffee

2 L of water a day, 2 x coffee
Not much alcohol

* Relevant family history: Mental illness, physical illness, trauma

Mum.

* Respiratory / Heart: ie Asthma, heart palpitations AND Neurological: ie epilepsy, headaches (eye sight, smell, hearing) etc

Na