



# New Client Questionnaire

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## Your Details

**First Name**

Sarah

**Surname**

Patterson

**Address**

24 Park Ave

**Suburb**

Echuca

**State**

- ☒ VIC
- ☐ NSW
- ☐ SA
- ☐ QLD
- ☐ WA
- ☐ TAS
- ☐ ACT
- ☐ NT

**Email Address**

sarah@pattersonfinance.com.au

**Phone Number**

0488666868

**Age**

38

**Occupation**

Self employed-Finance Broker

**List your current health concerns in order of importance**

Health Concerns
Eating behaviours
Constipation
Hormone levels at certain times of month-ovulating-insomnia? I have been from a previous nutritionist I may have high histamine levels
Bloating/fluid around my period. I would gain 1-1.5kg
Globus-sensation in my throat-previous nutritionist.

**Outline some more information about the reason for your visit**

For example: aggravating/alleviating factors; things that make better/worse / any treatments you've had in the past

**MAIN ISSUE:**

Seeking assistance with my behaviour around my eating. I have an issue with binge eating which I believe I have had since for 20yrs. I have found that I restrict myself from certain foods and increase exercising leading up to an event to lose weight (wedding/party/social gathering), then post event I over indulge in high fat/high sugar foods. I feel I am unable to break this vicious cycle by myself. I haven't seeked assistance/treatment before.

**OTHER INFO THAT YOU MAY WANT TO KNOW:**

Outside of the above, I have had a constant sensation in my throat for 18months. I was seeking a previous nutritionist (until her husband passed) and she believes this is a Globus. The Dr's said it was reflex as well as an ENT however after treatment with reflex meds I saw no improvement. My previous nutritionist also believes I have high histamine levels due to insomnia around ovulation.

I have suffered severe constipation for over 20yrs. I take movicol to soften the stools. I had a Colonoscopy 10+ yrs ago and they put this down to IBS. When I avoid gluten this improves. Obviously with the binge eating this doesn't help. I did go on a fodmap diet Dec2020, however there wasn't much improvement with bowel movements. Dr just suggests movicol which I am not a fan of. They did suggest another Colonoscopy if things don't change, I just haven't been back to the Dr to arrange this.

**Family History****Family History**

Family Member	Illness	Age
Father	Melenoma	65
Grandmother	Diabetites	Deceased 96
Mother	Reflux	65

## Personal Health History

### Medical Diagnosis / Illness / Operations

Illness / Operation	Year Occurred
C-Section	2015
Laparoscopy - period pains	2010?
Colonoscopy-IBS/Constipation	2010?
Globus-sensation in my throat-previous nutritionist. (Dr's thinks reflux but medication did nothing)	2020

### Medications

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason
Nurofin	x2 pills	1x week		General aches and pains
Movicol	x1	Daily	01/01/2022	Constipation

### Supplements

List all supplements you're currently taking including vitamins, herbs, minerals.

Supplement	Dose	Frequency	Start Date	Reason
N/A				

## Lifestyle

### Stress - List the major stress factors in your life

Work-I run a finance broker company with my father.

Child-I have a failure to thrive son

Food-unable to control consumption of high fat/high sugar foods

### Sleep - Please tick all that are applicable to you

☐ Difficulty falling asleep

☐ Snoring

☒ Waking unrefreshed

☐ Teeth Grinding

☒ Waking during the night

☒ Insomnia

### Sleep - What time do you normally wake-up and go to bed?

Wake 6.45am. Bed 10.45pm. Sleep most of the time is great, however around ovulating and my period I struggle to fall into a deep sleep

Exercise - Do you currently participate in any regular activity or program?



Yes



No

### Exercise Details

Exercise/Activity	Times per wk	Intensity
Resistance Training	3-4	Medium
Walking	at present 1x per week due to injury, however would normally walk 2-3 times per week	Meg

Do you currently smoke tobacco?



Yes



No

## Digestive Health

Do you experience digestive difficulties?

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Bloating | <input type="checkbox"/> Wind              |
| <input type="checkbox"/> Cramping            | <input checked="" type="checkbox"/> Reflux |
| <input type="checkbox"/> None                |  |

How often do you have a bowel movement?

With no movicol it would be 1x p/w. With movicol maybe 3x p/k

Do you strain to have a bowel movement?

☒ Yes ☐ No

How would you describe your bowel motions?

- ☐ Formed  
☐ Loose  
☒ Constipated  
☐ Mixed: loose and constipated

Do you take laxatives?

☒ Yes ☐ No

## Intolerances / Allergies

List any food or environmental allergies you experience

Food/Environmental Allergies	Reaction
Gluten	I believe this causes some of my constipation
Histamine	Previous nutritionist - lack of sleep, period issues, constipation

## Diet

**Do you follow a special diet?**

e.g. gluten free, vegetarian etc

I sometimes avoid gluten

**How much water do you drink daily?**

1600ml-2000ml

**Do you consume coffee?**

☐ Yes ☒ No

**Do you consume tea?**

☐ Yes ☒ No

**Do you add sugar to tea or coffee?**

**Do you consume alcohol?**

☒ Yes ☐ No

*If so, how much, how often?*

Once every 6months

**List any other drinks you consume**

I drink a lot of spiced chai, which contains a lot of sugar. This stimulates me to go to the loo and alleviates constipation

### Average Daily Diet

Please list quantity where known e.g. 2 slices bread with 2 eggs

Breakfast	Toast x1, Egg x1 , Avo 1/4
Snack	Peanut Butter Protein Bar x1 or Choc coated chickpeas x1or Apple x1
Lunch	A protein (salmon/chicken), rice and quinoa, brocolini, cheery toms.
Snack	Peanut Butter Protein Bar x1 or Choc coated chickpeas x1or Apple x1

Dinner	Meat (steak/Chicken/hamburgers/turkey burgers/roast/curry) Stir fry veg (carrots, broc, broccolini, toms), pasta dishes Takeaway pizza
Supper	Chocolate/biscuits/ice cream/Choc coated chickpea

Do you have any foods you dislike / avoid?

Not really

On a scale of 1 - 10, how confident are you preparing your own meals at home?

1 = not confident; 10 = very confident

10

## FOR FEMALE PATIENTS

Are you still menstruating?

☒ Yes ☐ No

How many days do you have your period for?

5

How heavy is the flow?

- ☐ Light  
☒ Average  
☐ Heavy  
☐ Other

*If "Other", please specify*

State any premenstrual symptoms you suffer from

Bloating. Occasionally bad cramps. Occasionally BAD PMS-emotional/lake of patience/grumpy

If you are on contraception, please list type

N/A



## OTHER

How did you find out about my practice?

- ☐ Referral from friend or other  
☒ Internet Search  
☐ Social Media  
☐ Other

*If "Other", please specify*

Would you like to receive my monthly email newsletter (Health tips, research and recipes)

☒ Yes ☐ No

### Client

I hereby agree and understand that the treatment/advice given will include one or more of the following; dietary prescription, lifestyle prescription, nutritional supplements and screening tests, which I knowingly and willingly consent to undergo of my own free will. At any time I may reject any treatment or advice with prejudice from the practitioner. I understand that nutritional supplements are prescribed in a therapeutic fashion and if circumstances change (Eg. pregnancy, cessation/commencement of pharmaceutical drugs etc) from what was presented to the practitioner, I will notify the practitioner immediately, so treatment/advice can alter accordingly if required. I recognise that Mel Bald will rely upon the signing of this document in accepting me as a patient.



X





Sarah Patterson

May 31, 2022

## Audit Trail

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