



New Client Questionnaire

Your Details

First Name

Tania

Surname

CRAWFORD

Address

3/43-47 Presidents Avenue

Suburb

OCEAN GROVE

State

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

Email Address

tcrawford@outlook.com.au

Phone Number

0438 752 831

Age

48

Occupation

Administration

List your current health concerns in order of importance

Health Concerns
Overweight
Bowel Issues
Right knee - meniscus tear

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

I would like assistance in weight loss

Family History**Family History**

Family Member	Illness	Age
Mother	Epilepsy	68

Personal Health History

Medical Diagnosis / Illness / Operations

Illness / Operation	Year Occurred
Diagnosed with Asthma when I was 19	1993

Medications

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason
Movicol	2 Sachets	Morning & Night	January 2022	Assist with daily bowel movement

Supplements

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

Supplement	Dose	Frequency	Start Date	Reason

Lifestyle

Stress - List the major stress factors in your life

Home Life

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?

Go to bed anywhere between 9.30pm & 10.30pm and wake up normally around 2/2.30am and then rise 7am

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

☐ Yes ☒ No

Exercise Details

Exercise/Activity	Times per wk	Intensity

Do you currently smoke tobacco?

☐ Yes ☒ No

Digestive Health

Do you experience digestive difficulties?

- ☒ Bloating ☒ Wind
☐ Cramping ☐ Reflux
☐ None

How often do you have a bowel movement?

If I take movicol all the time daily but small amounts — Without movicol it can be 3-5 days between some movements.

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

Diet

Do you follow a special diet?
e.g. gluten free, vegetarian etc

No

How much water do you drink daily?

Depending on mood sometimes 1 litre. I know I drink too much coffee and sometimes forget to drink.

Do you consume coffee?

☒ Yes ☐ No

If so, how many cups per day?

Anywhere between 2-4 cups per day

Do you consume tea?

☐ Yes ☒ No

Do you add sugar to tea or coffee?

Yes 1 level sugar

Do you consume alcohol?

☒ Yes ☐ No

If so, how much, how often?

1 glass vodka & lemonade sometimes monthly but sometimes yearly - Overall not much at all

List any other drinks you consume

Average Daily Diet

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

Breakfast	Cereal - either Sultana Bran, Almond & Cashew, Instant Porridge or Weet Bix with 1/2 Banana
Snack	Fruit
Lunch	Wrap - Meat & Salad
Snack	Look for something sweet?
Dinner	Meat & Veg
Supper	Look for something sweet

Do you have any foods you dislike / avoid?

Not big on salmon or tuna

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?

2-5 days

How heavy is the flow?

- ☐ Light
☒ Average
☐ Heavy
☐ Other

If "Other", please specify

State any premenstrual symptoms you suffer from

My periods can change from month to month sometimes light, average or heavy.

If you are on contraception, please list type**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.

Tania Michelle Crawford

X




Tania Michelle Crawford

July 2, 2022

Audit Trail

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