



New Client Questionnaire

Your Details

First Name

Miffy

Surname

English

Address

260 Messmate Rd

Suburb

Torquay

State

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

Email Address

miffy@elcgroup.com.au

Phone Number

0416 121 852

Age

44

Occupation

Interior Designer

List your current health concerns in order of importance

Health Concerns
back pain
carrying too much weight

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

osteo, massage etc has helped

Family History

Family History

Family Member	Illness	Age
Father	Haemophilia A / HIV+ diabetes type 2 gall bladder removed	50 (deceased)
mother	bowel pollops. family history of bowel cancer	71
Sister	carries haemophilia gene, gall bladder removed	46
me	carries haemophilia gene, gall bladder removed heavy and painful periods	44

Personal Health History**Medical Diagnosis / Illness / Operations**

Illness / Operation	Year Occurred
Gall Bladder removed	2014 approx
IVF treatments	3 years

Medications

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason
voltarin	25mg	occasionally	4 weeks ago	back pain

Supplements

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

Supplement	Dose	Frequency	Start Date	Reason
none				

Lifestyle

Stress - List the major stress factors in your life

Melbourne commute / traffic

Sleep - Please tick all that are applicable to you

- | | |
|--|--|
| <input type="checkbox"/> Difficulty falling asleep | <input type="checkbox"/> Teeth Grinding |
| <input checked="" type="checkbox"/> Snoring | <input type="checkbox"/> Waking during the night |
| <input type="checkbox"/> Waking unrefreshed | <input type="checkbox"/> Insomnia |

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

6am wake. go to bed 10/10.30

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

☒ Yes ☐ No

Exercise Details

Exercise/Activity	Times per wk	Intensity
walk	2	moderate
PT strength training with jess	2	moderate / heavy
reformer pilates	2	moderate (on hold with back pain)

Do you currently smoke tobacco?

☐ Yes ☒ No

Digestive Health

Do you experience digestive difficulties?

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

How often do you have a bowel movement?

daily

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
chickpeas and lentils	bloat, cramps, wind

Diet

Do you follow a special diet?

e.g. gluten free, vegetarian etc

no

How much water do you drink daily?

1-3L

Do you consume coffee?

☒ Yes ☐ No

If so, how many cups per day?

1 - 2

Do you consume tea?

☒ Yes ☐ No

If yes, how many cups per day?

1 - 2

Do you add sugar to tea or coffee?

no

Do you consume alcohol?

☒ Yes ☐ No

If so, how much, how often?

on weekends. usually only 1 day

List any other drinks you consume

diet coke occasionally or mineral water

Average Daily Diet

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

Breakfast	skip week days sometimes. otherwise poached eggs.
Snack	chobani yoghurt or fruit or latte
Lunch	protein and salad.
Snack	

Dinner	strify, pasta, fish or protein and salad, burrito bowls
Supper	tea. white.

Do you have any foods you dislike / avoid?

not really. maybe just not too much red meat

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

1 = not confident; 10 = very confident

8

FOR FEMALE PATIENTS

Are you still menstruating?



Yes



No

How many days do you have your period for?

4

How heavy is the flow?



Light



Average



Heavy



Other

If "Other", please specify

can be very heavy, lately more average

State any premenstrual symptoms you suffer from

bloating, moody, weak.

If you are on contraception, please list type

no

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





Miffy English

April 26, 2022

Audit Trail

Title	New Client Questionnaire
Document ID	62679c916f6aa3d97ed043a5
Status	Completed

Document History

Status	Timestamp	Notes
 Viewed	04/26/2022 5:27:58 PM (AEST)	Form viewed by Miffy English (miffy@elcgroup.com.au) IP Address: 1.145.166.1
 Viewed	04/26/2022 5:28:24 PM (AEST)	Form viewed by Miffy English (miffy@elcgroup.com.au) IP Address: 1.145.166.1
 Signed	04/26/2022 5:41:44 PM (AEST)	Form signed by Miffy English IP Address: 1.145.166.1
 Completed	04/26/2022 5:41:44 PM (AEST)	Completed by Miffy English (miffy@elcgroup.com.au) IP Address: 1.145.166.1