



# New Client Questionnaire

---

## Your Details

**First Name**

Rebecca

**Surname**

Sherlock

**Address**

110 Hyland Street

**Suburb**

Warrnambool

**State**

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

**Email Address**

rebecca.sherlock@hotmail.com

**Phone Number**

0417142771

**Age**

32

**Occupation**

Public Servant

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

Health Concerns
Serrated Polyposis Syndrome - specialist has advised to cut out red/processed meats
Gluten Free

**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've recently been told I have Serrated Polyposis Syndrome, and to reduce/cut out my intake of red and processed meats to reduce the risk of cancer. I have had colonoscopies for the past 3yrs - first had 12 polyps and I saw a Naturopath who reviewed my results and advised me to cut out gluten. Which I have. Wanting to cut out/reduce red meat but ensure I am still getting enough nutrients etc.

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

Family Member	Illness	Age
Father	Kidney Cancer/Diabetes	62
Brother	Kidney Cancer	38

## Personal Health History

### Medical Diagnosis / Illness / Operations

Illness / Operation	Year Occurred
Colonoscopy	2019, 2020 & 2021
Abnormal Papsmear	2019, 2020 & 2021

### Medications

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason
Minulet		Daily	Over 10kgs ago	Contraception
Anti-Viral	500mg	Daily	November 2021	

### Supplements

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

Supplement	Dose	Frequency	Start Date	Reason
JS Health - detox & debloat	2 tablets	Daily	2020	

## Lifestyle

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Difficulty falling asleep | <input type="checkbox"/> Teeth Grinding                     |
| <input type="checkbox"/> Snoring                   | <input checked="" 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?**

Wake up between 5.30am & 7.30am. Bed 9pm-10pm

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

☒ Yes ☐ No

**Exercise Details**

Exercise/Activity	Times per wk	Intensity
Running	4-5	High

**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 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
Gluten	Bloating/Sick

## Diet

**Do you follow a special diet?**

e.g. gluten free, vegetarian etc

Gluten Free

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

1-2L

**Do you consume coffee?**☐ Yes ☒ No

**Do you consume tea?**

☒ Yes ☐ No

*If yes, how many cups per day?*

2

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

Yes

**Do you consume alcohol?**

☒ Yes ☐ No

*If so, how much, how often?*

2-5 glasses per week

**List any other drinks you consume**

### Average Daily Diet

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

Breakfast	Hot Cross Bun/two slices of bread with peanut butter
Snack	Protein bar
Lunch	Bacon & egg or bacon and lettuce sandwich or roll
Snack	Small packet chips
Dinner	Chicken/meat with vegetables
Supper	Nothing

**Do you have any foods you dislike / avoid?**

Spinach

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

1 = not confident; 10 = very confident

7.5-8

## 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*

State any premenstrual symptoms you suffer from

If you are on contraception, please list type

Minulet

## 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

Rebecca Sherlock




April 5, 2022



## Audit Trail

Title	New Client Questionnaire
Document ID	624b9f99bd7b86fcd2090960
Status	Completed

## Document History

Status	Timestamp	Notes
 Viewed	04/05/2022 11:47:27 AM (AEST)	Form viewed by Rebecca Sherlock (rebecca.sherlock@hotmail.com) IP Address: 1.136.21.91
 Signed	04/05/2022 12:01:12 PM (AEST)	Form signed by Rebecca Sherlock IP Address: 1.136.21.91
 Completed	04/05/2022 12:01:12 PM (AEST)	Completed by Rebecca Sherlock (rebecca.sherlock@hotmail.com) IP Address: 1.136.21.91