



New Client Questionnaire

Your Details

First Name

Elise

Surname

Prendergast

Address

22 Enfield Drive

Suburb

Torquay

State

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

Email Address

prendergastelise@gmail.com

Phone Number

0456789907

Age

18

Occupation

student

List your current health concerns in order of importance

Health Concerns
No period
Feels guilty about eating more food

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 exercise a lot but I don't know how I should fuel myself so that I can maintain a regular period.

Family History**Family History**

Family Member	Illness	Age

Personal Health History

Medical Diagnosis / Illness / Operations

Illness / Operation	Year Occurred

Medications

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason

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

Currently in year 12 and cross country

Sleep - Please tick all that are applicable to you

- ☐ Difficulty falling asleep
☐ Snoring

- ☐ Teeth Grinding
☒ Waking during the night

☒ Waking unrefreshed☐ Insomnia**Sleep - What time do you normally wake-up and go to bed?****Exercise - Do you currently participate in any regular activity or program?**☒ Yes ☐ No**Exercise Details**

Exercise/Activity	Times per wk	Intensity
Running	4	moderate to high
workouts	1-2	moderate to high

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?**

Once a day

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
seafood	sickness

Diet

Do you follow a special diet?

e.g. gluten free, vegetarian etc

usually gluten free

How much water do you drink daily?

around 1.5 litres

Do you consume coffee?

☒ Yes ☐ No

If so, how many cups per day?

2-3

Do you consume tea?

☐ Yes ☒ No

Do you add sugar to tea or coffee?

Do you consume alcohol?

☐ Yes ☒ No

List any other drinks you consume

Average Daily Diet

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

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Breakfast	a bowl of cereal, a banana and a coffee
Snack	apple, date balls and a muesli bar
Lunch	a vegetable gluten free sandwich, sometimes nuts also.
Snack	a couple dates and nuts
Dinner	varies, usually protein like chicken, roast vegetables and salad, sometimes vegetable lasagne.
Supper	tea, a piece of chocolate

Do you have any foods you dislike / avoid?

I don't really like normal milk, usually have soy or oat milk.

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

1 = not confident; 10 = very confident

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FOR FEMALE PATIENTS

Are you still menstruating?

☐ Yes ☒ No

How many days do you have your period for?

How heavy is the flow?

- ☒ Light
☐ Average
☐ Heavy
☐ Other

If "Other", please specify

State any premenstrual symptoms you suffer from

sore boobs, really tired, aching

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.

X





Elise Prendergast

May 3, 2022

Audit Trail

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