



New Client Questionnaire

Your Details

First Name

Rebecca

Surname

Stefani

Address

500 Harding Lawson Rd

Suburb

Fish Creek

State

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

Email Address

rayandbec@aaanet.net.au

Phone Number

0438832394

Age

46

Occupation

Mother, Hairdresser, Dairy Farmer

List your current health concerns in order of importance

| Health Concerns |
|--|
| No energy wake up tired everyday |
| Have explosive bowels still trying to pin point why will go into more detail in appointment Have got a few ideas and have tried eliminating |
| Have slowly added 15kgs over the last 6 years |
| No period for 4/5 months but just got it back last week Hormones need to be balanced |
| High Cholesterol Elevated alkaline phosphatase/liver metabolism |

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

to be guided on correct foods to eat for menopause age bracket to stop weight gain and gain energy back

Family History

Family History

| Family Member | Illness | Age |
|-----------------|--|-------------|
| Fathers Mother | Non Hodgkins Lymphoma | 74? |
| Mothers Father | Bowel cancer | In his 50's |
| Father's Father | Cancer of the kidney had it removed | in his 60's |
| Father | Skin Cancer, secondary tumor removed in his neck | 63 |
| Son | Hodgkins Disease | 17 |

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

| Illness / Operation | Year Occurred |
|---|---------------|
| Non Hodgkins Lymphoma | 2003 |
| Biopsy left upper chest area muscle cut and cartilage from rib removed to get to the tumor area | 2003 |
| | |
| | |

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 |
|--|-----------|------------------------|------------|------------------------------|
| BioCeuticals UltraClean 85 Liquid Fish oil | 5 ml | Daily | 1/6/21 | High cholestrol |
| BioCeuticals UltraBiotic 60 Probiotic | 1 capsule | Daily | 21/6/21 | Gut bacteria |
| BioCeuticals Pyrrole Protect | 1 capsule | Daily | 7/6/21 | |
| BioCeuticals Muscleze Night | 1 scope | at night before bed | 1/6/21 | Restless legs at night |
| Now Melatonin 3mg | 1 Capsule | at night before bed | 14/6/21 | Good Nights sleep and gut |

Lifestyle

Stress - List the major stress factors in your life

Sleep - Please tick all that are applicable to you

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

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

Go to sleep 10:30/11pm Wake 6/7am but can lay awake for a few hours during the night. Since starting Melatonin that has changed

Do you currently smoke tobacco?

☐ Yes ☒ No

Digestive Health

Do you experience digestive difficulties?

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

How often do you have a bowel movement?

once daily but that can change depending on my random unexpected bowel motions

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 |
|------------------------------|---------------------------|
| Dairy sometimes | Explosive bowel movements |
| I think tomato sauce | Explosive bowel movements |
| Oats | Wind |
| Rye | Wind |

Diet

Do you follow a special diet?

e.g. gluten free, vegetarian etc

mostly dairy free

How much water do you drink daily?

1 litre

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 a month

List any other drinks you consume

Red wine ,champagne

Average Daily Diet

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

| | |
|-----------|---|
| | |
| Breakfast | Celery juice, 2 slices of sour dough with avocado or tomato or gluten free vege spread every now again I have ceeral Just Right |
| Snack | Dont really have any morning snacks |
| Lunch | Meat salad roll/sandwich, left over tea from night before, sushi |
| Snack | Dark chocolate, hommus and biscuits, chips not potato healthier ones. banana, berries |
| Dinner | Meat and veg, meat and salad, soup, pasta, rissotto, curries, |
| Supper | Dark chocolate |

Do you have any foods you dislike / avoid?

Dairy but only if I'm out and about capsicum can be a problem from time to time with bowels

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?

5/6

How heavy is the flow?

- ☐ Light
☐ Average
☒ Heavy
☐ Other

If "Other", please specify

State any premenstrual symptoms you suffer from

migraine 3 days before period can also get migraine 3 days after bleeding is finished and feel weird on those days extremely tired 2 days be

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






Rebecca Stefani

June 28, 2021

Audit Trail

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