



New Client Questionnaire

Your Details

First Name

Andronicky

Surname

Basham

Address

149 Egina Street

Suburb

Mount Hawthorn

State

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

Email Address

r.a.basham@bigpond.com

Phone Number

0409117564

Age

65

Occupation

Retired

List your current health concerns in order of importance

Health Concerns
Constipation - problem worse as I have a prolapsed bowel and bladder. My preference would be to control the problem with diet.
Weight gain - Borderline Underachieve Thyroid Menopausal
Hiatus Hernia, Refux Disease - on Medication
Mitral Valve Prolapse - Controlled currently not issue

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

Constipation causes problems and makes my bladder issues worse. I'm considering on have another operation. This would be the third. Im hoping with changing my diet, would improve the situation and not rely on taking so much Movicol, Metamucil, flaxseed casuals and prunes.
In addition I have put on about 10 kilos in 3 years. I swim 3 times a week and walk most of the remaining days and I still put on weight.

Family History

Family History

Family Member	Illness	Age
Mother	Scleroderma, Raynaud Disease, Hiatus Hernia	40, passed 65 years of age
Father	Alzheimers Disease, narrow and blocked vessels in legs	passed 91
Grand mother 1	Heart condition, Stroke	passed 85 years
Grandmother 2	Generally Healthy, Developed cardiac issues months before death	passed 92 years

Personal Health History

Medical Diagnosis / Illness / Operations

Illness / Operation	Year Occurred
Mitral Valve Prolapse	1973 (18 Years old)
Asthma	from 6 months old (1955)
Eczema	1965
Hepatitis A	1986 Result possible fatty liver
Prolapse Bowel and Bladder	1988
Suspected Heart Attack but later Diagnosed as Reflux Disease	2015
Sepsis	2020

Medications

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason
Seritide	250/50	2	15 years ago	Asthma
Somac	40 mg	1	2020	Hiatus Hernia/ Reflux
Crestor	5 Mg	1	2010	High Cholesterol
Ventolin	as required	as required	1980//	Asthma

Supplements

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

Supplement	Dose	Frequency	Start Date	Reason
Meta Mucil	3 Tsp	1 PER DAY	December 2020	Constipation
FaLXSEED OIL	2 CAPSUALS	1 PER DAY	December 2020	Constipation
Movicol	If required	2 Perday	November 2020	Constipation

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 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?

6.00 wake up, 11.00 Sleep

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

☒ Yes ☐ No

Exercise Details

Exercise/Activity	Times per wk	Intensity
Swimming 18 lapse 25 meter pool	3	moderate
Walking 2.5 k	3	Brisk
Floor exercise	occasional, during lock down	

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

How often do you have a bowel movement?

1-4 times a day. depends

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
nil	

Diet

Do you follow a special diet?

e.g. gluten free, vegetarian etc

No but prefer fresh fish lean meat and Veggies and fruit

How much water do you drink daily?

5-8 glasses a day

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?

4 times a day

List any other drinks you consume

water with lemon

Average Daily Diet

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

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Breakfast	Hime made muesli with nuts (about 1 tablespoon) and blueberries and I strawberry. I toast with Vegemite
Snack	Usually share a sweet or a piece of fruit
Lunch	Toasted sandwich with ham cheese and tomato or salad with tuna and mixed beans
Snack	fruit
Dinner	meat, fish , chicken or lentils, chick peas ,
Supper	share fruit or sweet.

Do you have any foods you dislike / avoid?

nil

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?

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

OTHER

How did you find out about my practice?

- ☒ Referral from friend or other
☐ Internet Search
☐ Social Media
☐ Other

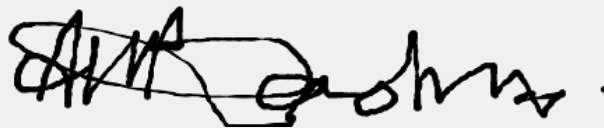
If "Other", please specify

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





Andronicky Basham

August 17, 2021

Audit Trail

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