



# New Client Questionnaire

---

## Your Details

**First Name**

Oliver

**Surname**

Poole

**Address**

5 Afzan Court

**Suburb**

Torquay

**State**

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

**Email Address**

ollie.poole14@gmail.com

**Phone Number**

0429 494 449

**Age**

20

**Occupation**

Welder

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

Health Concerns
Chronic Fatigue Syndrome (ME) - Started with Ross River Virus, which was followed by chronic fatigue, which was followed by EBV, and now CFS
Lack of energy at home, at work, whilst exercising (resting fatigue, fatigue while exercising, and post exertional fatigue)
Nausea - Although it's improved as my health has improved over the last few years, it still can be a big problem
Anxiety - Although it has improved as my health has improved, I still get anxious and go through periods of being more or less anxious

**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

Overcoming my health issues must be tackled from many directions, but most importantly exercise and diet (and debatably sleep). I'm seeing Andy for assistance with my diet and healthy routines, however since I've stopped eating gluten I've struggled more and more to get on top of my diet. Being a full time welder for work, I'm always active and doing large amounts of physical activity, and particularly struggle finding enough food to fuel me and give me lots of energy at work.

**Family History**

**Family History**

Family Member	Illness	Age
Tom (2 years younger than me)	ADHD	19 (just turned 19 don't worry I'm not that bad at maths)
Hamish	ADHD	16

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

Illness / Operation	Year Occurred
Ross River Virus	Start of 2017
Chronic Fatigue (Post Viral Fatigue)	Followed the Ross River Virus, probably started around mid 2017
Glandular Fever	Easter 2018
Chronic Fatigue (Post Viral Fatigue)	Continued on after EBV
Chronic Fatigue (ME)	In 2019 my symptoms changed and worsened, and I was very sick for nearly all 2019

**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

I own my own welding business, which as a business owner yourself I'm sure you understand can be very stressful. Often very long hours and I'm always thinking about ways to improve the business and to tackle bigger jobs. I want to have quite a large business in the future, so I'm doing everything I can to be the best.

### 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 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?

Weekdays - Get to sleep around 11 and wake at 6:54.

Weekends - When I don't go out with friends 11:30/12:00 and wake at 7:30/8:00

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

☒ Yes ☐ No

### Exercise Details

Exercise/Activity	Times per wk	Intensity
Ice Baths	3	5 minutes in
Hike, run, surf, dive	1 (depending on work but normally just weekends)	As long as I can

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?

Once a day, or occasionally twice

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	Fatigue, nausea, bloating, anxiety
Bananas	Sharp pain in stomach

## Diet

**Do you follow a special diet?**

e.g. gluten free, vegetarian etc

Gluten free

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

depending on temperature, but in winter 2-3 litres, and in summer 3-5 litres

**Do you consume coffee?**

☐ Yes ☒ No

**Do you consume tea?**

☒ Yes ☐ No

*If yes, how many cups per day?*

One if I'm lucky

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

no

**Do you consume alcohol?**

☐ Yes ☒ No

**List any other drinks you consume**

My guilty pleasure is Orange Juice, I also enjoy lemon juice water (half a lemon per 500ml of water), and water with ice blocks

### Average Daily Diet

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

Breakfast	4 gluten free weetbix with honey, or 4 eggs with meat (could be ham, sausages, beef, lamb). Also have a glass of orange juice and berocca
Snack	
Lunch	Whatever I can get my hands on. Often left overs, often chicken skewers or some sort of meat if possible. It's always a big meal though

Snack	Often rice crackers, corn chips from the fruit store (with salsa sometimes), sometimes something sugary if I'm getting tired at work
Dinner	Always home cooked meals. Could include: Roast meat and veggies, pasta (GF), curry, stir fry, soup, casserole, BBQ meat with veggies
Supper	Normally don't eat supper, but if I'm hungry I'll have some cheese or an apple

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

Not that I can think of

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

1 = not confident; 10 = very confident

10, although it's common for me to work long hours and be very exhausted at the end of the day so struggle to cook lots

## 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

Oliver Poole





December 8, 2021



## Audit Trail

Title	New Client Questionnaire
Document ID	61a5bf8139803314f8245339
Status	Completed

## Document History

Status	Timestamp	Notes
 Sent	11/30/2021 5:06:57 PM (AEDT)	Form sent for signature/consent to Ollie Poole (ollie.poole14@gmail.com) IP Address: 194.193.49.195
 Viewed	12/08/2021 8:30:35 PM (AEDT)	Form viewed by Ollie Poole (ollie.poole14@gmail.com) IP Address: 101.176.24.158
 Signed	12/08/2021 9:16:32 PM (AEDT)	Form signed by Oliver Poole IP Address: 101.176.24.158
 Completed	12/08/2021 9:16:32 PM (AEDT)	Completed by Ollie Poole (ollie.poole14@gmail.com) IP Address: 101.176.24.158