ALEXANDRA MIDDLETON

NATUROPATHIC NUTRITIONIST

PATIENT MOTIVATION PROFILE

Date 25.6.21

Name Alicia Kate Lloyd D.O.B 10.11.81

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Phone No 0439552532 Email alicia.lloyd11@gmail.com

Occupation *(current &/or previous)* Marketing Mgr

Who do you live with? Husband, Son (Age 3), dog ✓

Referred by

Other specialists being seen

(e.g. GP, gynaecologist, endocrinologist, natural therapist, Chinese herbalist, etc – please list names and contact details)

- Endocrinologist → Dr ong 201 Wickham terrace, 07383 1733.
- GP → Ria Warfe → Queenst Medical 07 3229 9355

Current health goals and/or concerns

1. Sinus on + off quiet bad last 12 months
2. Recover body from IVF since 2016.
3. Thrush for last 4 months - Period partially came ranging between 28 — 38 days.

Please list any other pre-diagnosed health conditions

- BRCA 1 carrier → hence IVF
- killer fighter cells → hence IVF
- MTHFR gene - unable to absorb folic acid → hence IVF
- Hashymotos - Diagnosed in 2016/2017 pre-screening.

Current allergies *(food, environmental, medication, etc)*

Hayfever generally

Current diet *(please list food you regularly eat/ foods you avoid/ foods you do not like or react to; how much water you drink and if it is filtered or tap)*

- lactose free milk generally, 1 coffee or tea a day.
- 1.5 ltr's of water a day, plenty of fruit, greens/veg, at least two-three nights a week we eat vegetarian
- Probably drink 4-5 glasses of red over a week.

Filtered system

Please list any medications and/or supplements you are currently taking, including the reason for taking them, brand names and quantities/ dosages

- thyroxine - 75mg daily
- Lexapro - 10mg daily.
- Microlut pill (mini pill) (progesterone pill) - daily.
- Tresos Activated B Pluse → Eagle brand → daily
- BioCeuticals Ultra Potent-C → daily
- Metagenics Ultra Flora Mother + Baby - when I remember
- Fluconazole - (thrush) - antibiotics last 2 mths 1 per day.
- Metamucil - daily.

FAMILY HEALTH HISTORY

Please list your family health history below, citing the condition and relevant family member *(please note also if they died from the illness)*

Breast Cancer - Brac 1 positive
- mother deceased / sister alive but had BC.

Diabetes → Type 2 - father.

Please chronologically list your health history timeline from birth to now, citing the approximate date, condition/diagnosis and treatment *(including surgeries if applicable)*

E.g. 2001 Hypothyroidism – prescribed thyroxine 30mg/daily which I continue to take;
E.g 2012 Endometriosis – laparoscopy, no treatment post-surgery.

2014 - Double mastectomy + reconstruction
2016 - Diagnosed with Hashymotos - thyroxine - meet with endocrinologist every 3-6 mths.
2017-2018: 7 rounds of IVF injections maximum levels total ↑ 1 successful pregnancy in July 2018, one unsuccessful transfer in April 2020. Another 3 rounds (inclusive of 7) to stimulate follicles - no egg retrival was successful to blastocyst

Also diagnosed as part of IVF with adenomyosis + MTHFR + Killer cells.

Future surgery: 2021 → Ovary + fallopian tubes removed due to BRAC 1.

Dry		Abnormal pap smear		Physical abuse	
Oily		Adenomyosis	y	Sexual abuse	
Rough		Amenorrhea (absent period)		Verbal abuse	
Itching		Anovulation		Broken bones	
Acne		Break thru bleeding		Head trauma	
Psoriasis	X	Breast lumps (benign)		Accidents	
Eczema		Contraceptive Pill		Divorce	
Dermatitis		Cystitis		Death of loved one	X
Offensive odour		Ectopic pregnancy		Bankruptcy	
Poor wound healing		Endometriosis		Natural Disaster	
		Fallopian tube issues		Other	
		Fibroids			
Issues falling asleep		Flooding			
Issues staying asleep		Genital Herpes		Depression	
Vivid dreams		Genital Ulcers		Anxiety	y
Nightmares		Genital warts/ HPV		Panic attacks	
Snoring		Genito-urinary infections		Mood swings	
Sweating		Gynecological cancer		Irritability	
Wake up hungry		Infertility	y	Chronic stress	
Wake up tired		Irregular periods	y	Anger	
		IUD/Mirena		Cranky skipping meals	
		Low libido	y!!!	Looping/ OCD	
Good energy		Malformed womb		Phobias	
Poor energy	X	Miscarriage			
Need caffeine regularly		Ovarian Cysts			
Energised at night		Ovulation pain		Cigarettes	
Post exercise fatigue		Pain on intercourse		e-Cigarettes	
Malaise		Painful periods	X	Passive smoke	
		PCOS		Damp in home/work	
		Pelvic Inflammatory disease (PID)		Recreational drugs	X
Cramps		PMS		Alcohol	y
Pins/needles		Smelly discharge		Chlorine pools	
Injury		Tender breasts		Garden pesticides	
Arthritis		Vaginal burning/irritation		Fluoridated toothpaste	
Osteoporosis/Osteopenia		Vaginal thrush	y	Tap water	X
Disc issues		Vaginitis		Non-organic meat	y
Back pain	y			Processed/deli meats	y
Shoulder/neck pain	y			Antibiotics	y
Joint pain/ stiffness				Amalgam fillings	
				Non-organic skin care	
				Non-organic make up	
				Mainstream deodorants	y
				Regular vaccinations	y flushot
				Glues/fume/chemical/ gas exposure at work	

GENERAL HEALTH

Please put a 'Y' in the box if you current suffer from any of the following
Please put a 'X' in the box if you have experienced this problem in the past

GASTROINTESTINAL		RESPIRATORY		ENDOCRINE	
Constipation	X	Shortness of breath		Hyperthyroidism	
Diarrhea		Asthma		Hypothyroidism	Y
Bloating	Y	Regular cough		Adrenal dysfunction	
Flatulence	Y	Sinus/nasal congestion	Y	Diabetes I	
Indigestion		Post-nasal drip		Diabetes II	
Acid reflux/ heartburn		Hay fever	Y	Weight loss	
Worms/parasites		Allergies		Weight gain	
SIBO					
Polyps		NEUROLOGICAL		REPRODUCTIVE	
Bad breath		Adrenal fatigue		Anemia (Iron)	
Mucous in stool		Chronic fatigue		Anemia (B12)	
Blood in stool		Poor memory		Haemochromatosis	
Food in stool		Poor concentration		Easily bruised	
Itchy anus		Brain fog		Frequent nose bleeds	
Laxative use		ADD/ ADHD			
Haemmoroids	Y	Learning difficulties		URINARY TRACT	
		Pins/needles		Kidney infection	
CARDIOVASCULAR		Headaches	X	Kidney pain	
High blood pressure		Migraines		Frequent urination	
Low blood pressure	X	Tinnitus		Dark urine	
Metabolic syndrome				White froth in urine	
High cholesterol		IMMUNE		Get up for toilet during the night	
Heart attack		Frequent colds/ flu/virus	X	Urinary Tract Infection (UTI)	X
Heart murmur minor	X	EBV/ Glandular fever		Cystitis	
Angina		Autoimmunity		Incontinence	
Arrhythmia		Cancer		Extreme thirst	
Poor circulation		HIV			
Cold feet		Thrush/candida	Y	LIVER/ GALLBLADDER	
Cold hands		Swollen glands		Hepatitis	
Dizziness		Cold sores	X	Fatty liver disease	
Varicose veins		Styes		Issue digesting fat	
				Sticky/mushy stool	
HAIR		SKIN		Gallbladder removal	
Increased loss		Brittle		Poor alcohol tolerance	
Poor quality		Vertical ridges		Weight gain	
Oily		Split easily			
Dry		Soft			
Dandruff	X				

since Hayes + Hashys

DENTAL		PHYSICAL		YOUR BIRTH	
Fillings	Y	Rarely		Normal birth	Y
Root Canal		Often	Y	Tongs / Suction Cap	Y
Abscess		Daily		C-section	
Tooth decay		Walking		Vaccinated	Y
Tooth erosion		Running		Jaundice	
Tooth sensitivity/ aches		Swimming		Other issues	
Gum disease		Pilates	Y		
Bleeding gums with floss		Yoga			
Bad breath		Gym	Y		
Ulcers/ mouth sores		Other			
Braces/ Plates					
Clenching	Y				
Grinding	Y				
Sore neck upon waking	Y				
Bite marks inside cheek					
Sore jaw	Y				
Snoring					
Sleep apnea					

ADDITIONAL INFO

Please list any other relevant information you would like to disclose below